TRANSACTIONS

OF THE

MISSISSIPPI

STATE MEDICAL ASSOCIATION.

1886.

W. H. Miller

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PROSPECTUS OF VOLUME XIV.

In addition to other matters of interest the coming volume will contain original articles by the following distinguished authors:

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The next annual session of this Department, now in the fifty-third year of its existence, will begin on Monday, October 18th, 1886, and end on Saturday, March 26th, 1887. The first four weeks of the term will de devoted exclusively to Clinical Medicine, Surgery, Obstetrics and Gynecology in the wards and amphitheatre of the Charity Hospital; to practical Chemistry in the Chemical Laboratory; and to Practical Anatomy in the spacious and well ventilated anatomical rooms of the University.

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TRANSACTIONS

—OF THE—

MISSISSIPPI

STATE MEDICAL ASSOCIATION,

—AT THE—

NINETEENTH ANNUAL SESSION,

—HELD AT—

JACKSON, APRIL 21 AND 22, 1886,

—WITH THE—

ROLL OF MEMBERS AND REPORTS ON MEDICAL TOPICS.

PUBLISHED BY THE ASSOCIATION.

JACKSON, MISS.:
CLARION STEAM PRINTING ESTABLISHMENT.
1886.

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E. P. Sale, M. D., Aberdeen, - Term expires in 1888.
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*W. D. Carter, M. D., Ripley, - Term expires in 1889.
S. V. D. Hill, M. D., Macon, - - Term expires in 1889.

* Drs. Guice and Carter were appointed by the President at the meeting at West Point, in 1884, for a term of three years, and were elected at the meeting in Jackson, in 1886, for a term of three years.

COMMITTEES.

COMMITTEE ON PRIZE ESSAYS.

Drs. B. F. Kittrell, E. P. Sale, B. F. Ward, S. V. D. Hill.

COMMITTEE ON CONTRIBUTIONS.

Drs. M. S. Craft, Wirt Johnston, Robert Kells.

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COMMITTEE OF ARRANGEMENTS.

Drs. J. F. Hunter, M. S. Craft, Wirt Johnston, G. K. Harrington, Robert Kells.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

PROCEEDINGS OF THE NINETEENTH ANNUAL SESSION.

JACKSON, MISS., April 21, 1886.

THE Nineteenth Annual Session of the MISSISSIPPI STATE MEDICAL ASSOCIATION was held in the House of Representatives, April 21.

The Association was called to order by Dr. J. B. Gresham, President.

Prayer was offered by Rev. Dr. John Hunter, of Jackson, Miss.

The Secretary, Dr. W. E. Todd, being unavoidably absent, the Chair appointed Dr. E. L. McGehee, Secretary *pro tem.*

Roll-call, the following members were present: Wm. Aills, M. D.; P. T. Baley, M. D.; J. W. Bennett, M. D.; H. P. Brisbane, M. D.; T. T. Beall, M. D.; R. L. Buck, M. D.; B. B. Carson, M. D.; B. F. Duke, M. D.; S. R. Dunn, M. D.; Thos. B. Elkin, M. D.; R. T. Edwards, M. D.; F. L. Fulgham, M. D.; W. A. Galloway, M. D.; N. L. Guice, M. D.; J. B. Gresham, M. D.; A. C. Halbert, M. D.; S. V. D. Hill, M. D.; W. F. Hyer, M. D.; W. W. Hamilton, M. D.; G. K. Harrington, M. D.; J. F. Hunter, M. D.; G. S. Hunter, M. D.; R. B. Johnson, M. D.; R. E. Jones, M. D.; Rob't Kells, M. D.; B. F. Kittrell, M. D.; T. P. Lockwood, M. D.; E. L. McGehee, M.D.; Aurelius Martin, M.D.; W. D. McCarty, M.D.; Wm. M. Paine, M.D.; G. C. Phillips, M. D.; B. F. Pate, M. D.; W. C. Persons, M. D.; P. W. Rowland, M. D.; L. Sexton, M. D.; E. P. Sale, M. D.; J. Mell Smith, M. D.; W. B. Sanford, M. D.; A. G. Sinclair, M. D.; J. M. Taylor, M. D.; R

S. Tomlin, M. D.; G. W. Trimble, M. D.; T. R. Trotter, M. D.; W. E. Todd, M. D.; B. F. Travis, M. D.; B. F. Ward, M. D.; J. W. Young, M. D.—Present, 52.

Dr. M. S. Craft introduced Gov. Robt Lowry, who delivered a brief address of welcome in behalf of the Medical men of Jackson, as follows:

ADDRESS.

Gentlemen of the State Medical Association:

I have been commissioned by the resident members of your body to bid you welcome to the Capital. A more pleasant duty could not have been assigned me, than to extend to you upon this occasion a cordial and hearty welcome, not only upon the part of your professional brethren, but of the good people of this city.

It is safe to assume that the learned profession to which you belong has made greater progress in the last quarter of a century than that of any other; in fact, the advancement has been more marked in the last thirty than the preceding fifty years. I may add, in this connection, that the State Medical Associations and State Boards of Health have given to the people a security and confidence for the protection of life and health never before felt in the American Union. But a few years ago, this commonwealth was subjected to epidemics, occurring in neighboring States, and entirely powerless to invoke the necessary sanitary and quarantine preventives.

I remember, in this hall, to have witnessed a meeting, composed not only of eminent physicians, but of representative business men of the great Mississippi Valley, when there was a free interchange of opinions touching the public health, which culminated in the co-operation of the Sanitary Council of the Mississippi Valley with the several State Boards of Health, which rendered the latter more effective. From that day, a better understanding has prevailed between neighboring States, and when occasion required, those of your number charged with the duty have in a great measure prevented the spread of contagious and infectious diseases.

The friendly intercourse between Boards of Health of the several States, and each with that of the General Government, insures the most prompt information; so that in any emergency, active steps are assured to prevent the spread of epidemics.

While our people differ widely upon National and State politics, I hazard nothing in saying that there is no law on the statute books more thoroughly endorsed and generously supported than that of the State Board of Health, through your Association; and it gives me pleasure to add that during my connection with the State government, no department has been more successfully managed, nor conferred greater benefits.

And now, gentlemen, on the part of your resident brethren, and all the good people of the Capital City, I extend to you a warm and cordial welcome.

On motion of Dr. B. F. Kittrell, the thanks of the Association were tendered Gov. Lowry, for his eloquent address, and a copy of same was requested for publication.

The President, J. B. Gresham, then delivered his address.

On motion, the thanks of the Association were tendered Dr. Gresham, and a copy of the same was requested for publication.

Chairman of Committee on Prize Essays, Dr. Kittrell, reported that no essays had been submitted.

Dr. J. F. Hunter, for Dr. Wirt Johnston, Chairman of the Committee on Publication, reported as follows:

REPORT OF COMMITTEE ON PUBLICATION.

MR. PRESIDENT: The undersigned, your Publication Committee for 1885, beg leave to report that as early as practicable after their appointment, they contracted with Col. J. L. Power to print the 18th volume of Transactions of this Association, at $1.25 per page, which, with other necessary work, including binding, amounted to $243.25, the voucher for which may be found in the hands of the Treasurer.

Your Committee also contracted to insert the following advertisements:

One for Messrs. Sharpe & Dohme, Baltimore, Md., amounting to.....	$10 00
One for Wm. Snowden, Philadelphia, Pa., amounting to.....	10 00
One for F. H. Bryant, Waukesha, Wis., amounting to.....	50 00
One for Dr. Roberts Bartholow, Philadelphia, Pa., amounting to.....	10 00
One for E. A. Lumanias, New Orleans Journal, amounting to.....	6 00
One for Drs. Mitchell & Maury, Memphis, Tenn., amounting to.....	10 00
One for Dr. J. M. Bodine, Dean Med. Dept. Louisville, amounting to..	4 00
One for Dr. S. E. Chaille, Dean Med. Dept. New Orleans, amounting to	10 00
One for Dr. Jas. A. Gray, Ed. Atlanta Surg. Journal, amounting to.....	7 50
One for Dr. W. H. Sanders, Sec. Med. Col., Ala., amounting to.....	15 00
Total amount.....	*$132 50

Of this amount, $72.00 has been collected and turned over to the Treasurer, leaving a balance of $60.00 uncollected, $50.00 of which we have no hope of collecting.

Bill rendered by Postmaster at Jackson, for stamps, amounting to $28.00, may be found in the hands of the Treasurer.

Your Committee sent a copy of the Transactions to every member of the Association, and to all persons where we thought any good could result to the Association therefrom.

Respectfully,

J. F. HUNTER, for DR. WIRT JOHNSTON,
Chairman Publication Committee.

* Since the adjournment of the Association, $10.00 more has been collected.

On motion of Dr. N. L. Guice, the report was received and referred to Committee.

President appointed N. L. Guice, A. C. Halbert and A. Martin.

Dr. J. F. Hunter, Chairman Committee of Arrangements, reported that ample accommodations had been secured at the hotels at reduced rates.

On motion, the Association adjourned to meet at 3 P. M.

FIRST DAY—EVENING SESSION.

The Association convened at 4 P. M., Dr. Gresham in the chair.

Recording Secretary Dr. W. E. Todd reported as follows:

President and Members of the Mississippi Medical Association:

GENTLEMEN: I beg leave to report that I have endeavored to perform the duties of my office. After our last meeting I issued to the delegates to the American Medical Association their credentials.

On arranging the papers for publication received at the last meeting, I found that we did not have a sufficient number of contributions to make even a passable copy of Transactions. After consultation with the members of the Publication Committee, we decided that some action on our part was urgently called for, towards obtaining more

papers to embrace in the Transactions of 1885, to make it more presentable. We decided that, whilst we were overstepping our authority, we would request a few of the members to prepare articles for publication, which we did. I fear our members are rather backward about presenting their reports, but I would urgently beg of them to lay aside their diffidence, and where they have cases of interest to the profession, report them, in compliance with resolution passed at Greenville, "that all members who intended presenting papers at the annual meetings, should notify the Secretary one month previous." I issued a card containing resolution, to which I received some ten or twelve answers.

I then had prepared a circular letter to the members containing the titles of the papers promised, and mailed one to each member of the Association. Knowing that many of the non members of the Association would, in all probability, fail to see the newspaper notices of the meeting, I had one thousand notices of the meeting printed, and I mailed them to every non-member of the Association who is registered as a regular graduate of medicine. I corresponded with the railroads of the State relative to reduced rates, and the principal roads gave the usual reductions.

Gentlemen, I have performed the duties of my office with the best ability that I possess, and I hope that my humble efforts will meet with the approbation of this Association.

On motion of Dr. E. L. McGehee, the report of Dr. Todd, Secretary, was accepted.

Dr. M. S. Craft, Corresponding Secretary, asked that he be granted further time. On motion, further time was granted Dr. Craft.

Dr. J. F. Hunter, Treasurer, reported as follows:

JACKSON, MISS., April 21, 1886.

DR. JOHN F. HUNTER, In Account with State Medical Association:

1885			
April 15	To balance on hand		$148 79
	To bal. in Green's Bank certificates		358 44
24	To amount collected since		322 00
	Rec'd from Publication Committee		72 00
	Total		$901 23
	DISBURSEMENTS.		
April 25	Amount paid Secretary as honorarium and for stamps, as per voucher No. 1.	$ 60 00	
15	Amt paid J. L. Power for printing, as per voucher No. 2	249 50	
Oct. 2	Paid for stamps for Treasurer and Pub. Committee, as per voucher No. 3	40 14	

1886				
April 1	Paid Secretary for stamps and envelopes, as per voucher No. 4		17 60	
	Paid Secretary for circulars, as per voucher No. 5		4 00	
	Paid Secretary for circular letter and postal cards as per voucher No. 6		11 60	
	Total disbursements		$382 84	
April 21	Balance on hand	$159 95		
	Balance Green's Bank certificates	358 44	$518 39	
	Total		$901 23	$901 23

Respectfully submitted,

JOHN F. HUNTER, Treasurer.

On motion, report was referred to Publication Investigating Committee.

REPORT OF COMMITTEE ON SPECIAL MEDICAL TOPICS.

Dr. W. H. White, of Brandon, read an article on "Dysentery." Dr. White presented the subject in an intelligent manner, and it was appreciated by all present.

Dr. Noble was of the opinion that the epidemic of dysentery just spoken of by Dr. White, that the water supply was not the principal cause of the disease as supposed by Dr. White, but due to some other cause. Relative to treatment he had met with better success in the free use of opium, brandy aud buttermilk.

Dr. J. M. Taylor thought that the impurity of the water as a source of epidemic dysentery to be fallacious. Rest and opium was the most successful plan of treatment.

Dr. S. R. Dunn: Had much experience in the treatment of the malady under discussion. Had observed epidemics in localities where the water supply was unquestionably pure. Of the various modes of treatment, had met with the best success in using the following mixture:

R: Spirits Vini Gallici, 1-2 ounce,
Spirits Terebinthinæ,
Spirits Camphoræ,
Tr. Opii āā, 1 drachm.
Ft. Solutio.
S. Teaspoonful as indicated.

Dr. McCarty had some experience in the same epidemic

spoken of by the essayist. He differed with him in treatment, and used calomel, associated pul. ipecac co., and he thought with beneficial results.

Dr. J. M. Taylor stated that he could not see why calomel should be administered in dysentery as it had a tendency to depress the patient.

Dr. Allen favored the different phases of dysentery, and to discuss it intelligibly, he divided it into "sporadic," "epidemic" and "malarial." In treatment he used ergotine hypodermatically and gave belladonna, he thought, with much benefit to his patients.

Dr. J. E. Halbert spoke of the use of bichloride of mercury in the treatment, and of the use of turpentine in the adynamic form by emulsion.

Dr. Toombs: Had usually preceded curative treatment by administering a cathartic to cleanse the intestinal tract; frequently gave quinine and Dover's powders in combination with the most charming results. Had used bismuth, zinc, etc., but would call the attention of the profession to the use of large doses of pulverized ipecac. Had given it in 40 gr. doses, preceded by an opiate. In chronic dysentery he advised an examination of the rectum.

On motion of Dr. Kittrell, the paper was referred to Committee on Publication, and the thanks of the Association tendered Dr. White for his valuable contribution.

We the Committee to whom was referred the reports of the Publication Committee and of the Treasurer, beg leave to report that we have investigated same and found them correct.

N. L. GUICE, M. D.,
A. C. HALBERT, M. D.,
A. MARTIN, M. D.

On motion, report was received and Committee discharged.

Dr. Hunter, Treasurer, reported that he had an offer to purchase the Green's Bank certificates held by the Association, and he desired the views of the Association on the subject.

On motion of Dr. B. F. Kittrell, the Green's Bank certificates were referred to a committee consisting of Drs.

Kells, Craft and Hunter, to act in the matter as they deemed best for the interest of the Association.

On motion, the Association adjourned to meet at 8 o'clock.

First Day—Night Session.

The Judicial Council recommended the following applicants as eligible to membership: Drs. W. A. Evans, T. E. Butler, A. J. Barron, M. D. Morgan, J. H. Love, W. B. Weathersby, E. A. Rowan, J. H. Rhodes, Geo. D. Chester, B. D. Cully, J. T. B. Berry, J. W. Ellis, Edwin Wright.

On motion, the Secretary was instructed to cast the ballot of the Association for the above applicants, and all were declared elected to membership in this Association.

Dr. E. P. Sale, Aberdeen, read a most interesting paper on "Antiseptics in Obstetrics."

Dr. S. R Dunn: Had discarded from his practice carbolic as an antiseptic, as he believed it valueless as such, and a remedy that is more than likely to produce alarming results.

Dr. Guice: Approved of the manner of using prophylactic measures during the parturient state as recommended at the present day; but he was of the opinion that intra-uterine injections were only demanded when a rise of temperature is observed.

Dr. J. E. Halbert favored the intra-uterine injections, and was confident that their proper use was a great boon to the parturient woman, while he recognized the fact that many physicians failed to use intra-uterine injections to the detriment of their patients.

Dr. Sale had tried many of the so-called antiseptic measures in use at the present time, but now used preferably boracic acid or hydro-napthol as an intra-uterine medicament. Refinement in the use of antiseptic measures, as taught by some authorities, he deprecated, and he thought such frequently impracticable of application.

Dr. Guice thought the manner of using intra-uterine injections of great moment, and was of the opinion that the

fluids should be conveyed very quietly within the uterine cavity.

On motion, the thanks of the Association were tendered Dr. Sale for his valuable contribution, and paper referred to Publication Committee.

Dr. B. F. Kittrell read a paper on "Extent of the benefits of Cocaine." Dr. Kittrell reviewed the literature on the subject, and gave his experience with the remedy, making the paper one of much interest to the profession.

On motion, thanks of the Association were tendered Dr. Kittrell for his worthy paper, and same referred to Publication Committee.

On motion, Association adjourned to meet at 9 o'clock to-morrow.

SECOND DAY.

APRIL 22, 1886.

Session was opened with prayer by Rev. Dr. C. G. Andrews of Jackson.

The President appointed the following committees:

COMMITTEE ON SPECIAL MEDICAL TOPICS.

Drs. N. L. Guice, W. C. Persons, T. R. Trotter, S. V. D. Hill.

COMMITTEE ON DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

Drs. B. F. Kittrell, W. M. Paine, B. J. Pate, T. T. Beall.

The Judicial Council recommended the following applicants as eligible for membership after election by this Association: Drs. A. S. Rogers, J. S. Morris, J. M. Barrier, R. E. Hutchins, D. W. Luster, G. M. Mott, M. J. Alexander, J. H. Maddox, J. C. Therrell and O. H. Spence.

On motion, all the above applicants were received into full membership of this Association.

REPORT OF COMMITTEE ON NECROLOGY.

Dr. Henry Clay McGuire died November 13, 1885; age 38 years; residence, Siloam, Miss.

Dr. J. R. Dougherty, Holly Springs, Miss.

At a meeting of the physicians of Holly Springs, April 4th, 1886, at the office of Dr. Dancy in regard to the death of Dr. J. R. Dougherty, the following proceedings were had:

Dr. Dancy was called to the chair; Dr. Gholson, Jr., was made Secretary. The following resolutions were introduced by Dr. Gray and adopted:

Resolved, That we sincerely deplore the death of our old friend.

Resolved, That in the business relations of life, Dr. Dougherty's character was irreproachable. No one could be acquainted with him without knowing that he was frank and truthful.

Resolved, That we have found him a highly enlightened and honorable co-laborer in the field of our profession, courteous to his associates, earnest and careful in the investigation of disease, skilled in the application of remedies, and always kind and attentive to his patients.

Resolved, That we cherish the memory and emulate the virtues of Dr. Dougherty.

Resolved, That we tender to his family in their grief the warm sympathy of those who knew him through a long, useful and honorable career.

Resolved, That he was a model physician, eminent citizen and true christian.

Resolved, That a copy of these resolutions be sent his family; also a copy to the city papers for publication.

Resolved, That a copy be sent to the Committee on Necrology of the State Medical Association.

F. W. DANCY, President.

S. C. GHOLSON, JR, Secretary.

Died, in Vicksburg, in January or February, 1886, Dr. C. J. Mitchell, age 73 years.

Dr. Mitchell was a native of Kentucky, a graduate of Transylvania University, subsequently spending some time at the Paris schools. Returning from Paris he settled in Madison from whence he removed to Vicksburg where he remained to the time of his death. Dr. Mitchell was a close student and a man of broad information.

N. L. GUICE, Chairman pro tem.

Dr. Geo. C. Phillips read a worthy paper on "Traumatic Tetanus." Was received and referred to Committee on Publication.

Dr. Taylor offered the following resolution:

Resolved, That this Association approves the action of the American Medical Association at its late meeting in New Orleans in regard to the International Congress.

Resolved, That the delegates from this Association to the next meeting of the American Medical Association to be held at St. Louis in May, be requested to sustain the enlarged Committee of Arrangements of the Association. Adopted.

Dr. J. M. Taylor offered the following:

The Mississippi State Medical Association having become an established institution of the State, the necessity or expediency of holding the meetings of the Association in different localities of the State no longer exists. And as many substantial advantages would result from the permanent location of the Association; therefore,

Resolved, That the meetings of the Association shall be held in the city of Jackson; provided, that at any regular meeting, by a two-thirds vote of the members present, the Association shall have the right to meet at the next ensuing meeting at any place they may select. Adopted.

On motion of Dr. Guice, Governor Robert Lowry was elected an honorary member of the Association.

The following resolution, offered by Dr. Toombs, was adopted:

Resolved, That this Association extend its cordial thanks to those Senators and Representatives, who, in the last session of the Legislature defended the interest of this body in their efforts to enlarge the sphere of usefulness of its creature—the State Board of Health—in its labors in behalf of State sanitation.

The following, offered by Dr. Trimble, was adopted:

WHEREAS, We have heard with regret of the afflictions of our much respected co-laborer, Dr. Wm. Powell, of Grenada county, and that his absence is painfully apparent to many of us who have been so long accustomed to seeing him in attendance at our annual meetings, and profiting by his genial companionship and wise councils; therefore, be it

Resolved, That we extend to him our warm and heart-

felt sympathy in his affliction, with the hope that he may yet be able to gladden us with his presence.

Resolved, That the name of Dr. Powell be placed upon our list as an honorary member for life.

Resolved, That our Secretary be instructed to spread these resolutions on the minutes of this Association, and furnish a copy of the same to Dr. Powell.

SECOND DAY—EVENING SESSION.

Dr. Craft read his report on the "Surgical History of Mississippi." This was a very valuable contribution, and reflected much credit on the contributor.

On motion, Dr. Craft's paper was referred to the Committee on Publication.

Dr. B. F. Dukes read an interesting monograph on "Ulcerated Tonsilitis." On motion, thanks of the Association were tendered Dr. Duke, and his paper referred to Publication Committee.

Dr. E. L. McGehee offered a valuable contribution on "Malarial Dysentery." Discussed by Drs. Hyer and Hill. Thanks of the Association were tendered the contributor, and the contribution referred to Publication Committee.

Dr. A. G. Sinclair, Memphis, Tenn., read a paper on four operations in diseases of the eye. Thanks of the Association were voted Dr. Sinclair, and paper referred to Committee on Contributions.

Dr. N. L. Guice, Chairman Committee on Necrology, reported the deaths of Dr. Mitchell, of Vicksburg, and of Dr. Martin, of Carroll county.

Dr. Hamilton read a paper on "Placenta Prævia." Thanks of the Association were voted Dr. Hamilton, and paper referred to Publication Committee.

The Committee appointed on Delegates to American Medical Association, report as follows:

We, the committee appointed to recommend delegates to represent this Association at the next meeting of the American Medical Association, beg leave to report the following names: Drs. E. P. Sale, S. V. D. Hill, L. Sexton, C.

C. Stockard, J. M. Taylor, P. W. Rowland, W. M. Paine, W. F. Hyer, H. P. Brisbane, B. J. Pate, W. Aills, E. A. Rowan, A. G. Sinclair, R. L. Buck, J. H. Blanks, J. C. Hall, R. E. Hutchins, W. B. Sanford.

Respectfully submitted,

BEN. F. KITTRELL,
T. T. BEALL.

On motion, the report was received and committee discharged.

Dr. Hamilton read a paper of "Delivery of a Woman." On motion, the report was referred to Publication Committee.

Dr. T. T. Beall read a paper on "Opium Poisoning," treated by sulphate atropia. On motion, the contribution was referred to Committee on Publication.

On motion of Dr. Hyer, the election of officers was made the special order of business at the night session.

On motion, the Association adjourned to meet at eight o'clock.

SECOND DAY—NIGHT SESSION.

The Association was called to order promptly at eight o'clock.

On motion of Dr. W. E. Todd, a committee consisting of three, was appointed to confer with Dr. W. A. Hurt relative to publishing a State Medical Journal. The Chair appointed Drs. Todd, Sutherland and Blanks.

REPORT OF JUDICIAL COUNCIL.

We recommend as eligible for membership Drs. R. D. Miller, W. S. Sims and W. E. Herring. We further recommend that the resignation of Dr. Neely, as a member of this Association, be received, and the resignation of Dr. J. A. Browne be not accepted. B. F. KITTRELL.

On balloting, the above applicants received the requisite number of ballots, and were declared elected to membership.

ELECTION OF OFFICERS.

Dr. Hyer nominated Dr. R. S. Toombs, of Greenville, for

President. Dr. Hill nominated Dr. N. L. Guice for President. Dr. Guice refused to allow his name to go before the Association, and Dr. Hill withdrew his nomination. On motion of Dr. Halbert, that the election of Dr. Toombs be made by suspending the rules relative to elections, and that the Secretary be authorized to cast the unanimous vote of the Association for Dr. Toombs for President for the ensuing year, the Secretary declared Dr. Toombs unanimously elected.

VICE-PRESIDENTS.

Dr. S. V. D. Hill nominated Dr. W. B. Sanford for 1st Vice-President.

Dr. Hyer nominated Dr. Trimble for 2d Vice-President.

On motion, the Secretary was authorized to cast the vote for the above nominees, and both were declared duly elected.

SECRETARIES.

Dr. Trimble nominated Dr. W. E. Todd for Recording Secretary.

Dr. Todd nominated Dr. P. W. Rowland for Assistant Recording Secretary.

On motion, Dr. Rowland was unanimously elected.

On motion, the President was instructed to cast the vote for nominee, and he was declared elected.

Dr. Hyer nominated Dr. M. S. Craft for Corresponding Secretary.

On motion, Dr. Craft was unanimously elected.

TREASURER.

Dr. Guice nominated Dr. John F. Hunter to be his own successor.

On motion, Dr. Hunter was unanimously elected.

As members of the Judicial Council, Dr. Kittrell nominated Drs. N. L. Guice, W. D. Carter and S. V. D. Hill.

Each member was to be balloted on separately, and on motion, the Secretary was instructed to cast the ballot of the Association for above nominees, and each was declared duly elected.

On motion of Dr. J. A. Blanks, Dr. J. E. Redwood was placed on the retired list.

On motion, Dr. Geo. E. Redwood was elected to honorary membership in this Association, and any obligations that he might be under to the Association were cancelled.

(Dr. Redwood had for a long time been an active member in this Association, but old age and deafness incapacitating him for the discharge of his duties toward the Association, was why he was honored as above by the Association.)

Dr. J. C. Hall presented a paper on "Malarial Hæmaturia."

Discussed by Drs. Hill, Guice and Dunn.

On motion, referred to Committee on Publication.

Dr. T. T. Beall presented a paper on "Laceration of Cervix Uteri."

Discussed by Drs. Hill and Blanks.

On motion, referred to Committee on Publication.

On motion, the Association adjourned to meet at 9 o'clock A. M. to morrow.

THIRD DAY.

The Association was called to order at 9 o'clock.

Dr. N. L. Guice, of Fayette, read an article on "Puerperal Nephritis, and Electricity as an Oxytoxic."

Discussed by Drs. Persons and Rowan.

On motion, thanks of the Association were voted Dr. Guice, and his paper referred to Publication Committee.

Dr. J. A. Shackleford being absent, Dr. Kittrell presented two papers by him, one on "External Urethotomy," the other, "An Ovariotomy."

Discussed by Drs. Guice and Halbert.

On motion, papers were referred to Publication Committee, and thanks were tendered Dr. Shackleford for his valuable contribution.

Resolution introduced by Dr. W. H. White, of Brandon, Miss.:

Resolved, That the Mississippi State Medical Association do most heartily and cordially endorse the able, faithful and conscientious manner in which Dr. Joseph Holt has discharged the functions of his office as President of the Louisiana State Board of Health.

On motion, the resolution endorsing Dr. Joseph Holt was adopted.

Committee on Publishing Medical Journal asked that they be given until next meeting to report, and further time was granted.

Dr. Henry Izard, of Meridian, presented a paper on "Some Complications of Typhoid Fever."

On motion, referred to Committee on Publication.

Dr. Blanks presented a paper by Dr. R. B. Carson, which was referred to Publication Committee.

Dr. J. H. Blanks read a paper on "Pneumatic Differentiations in Pulmonary Phthisis, and Treatment."

Dr. Blank's paper was a valuable contribution, setting forth the most recent method of treating phthisis pulmonalis, and it was highly appreciated by all present.

Discussed by Drs. White, Hill, McGehee and Craft.

On motion, the paper was referred to Publication Committee, and thanks of the Association tendered Dr. Blanks.

Dr. Beall exhibited pathological specimens.

President Gresham appointed Drs. Hill and Hyer to escort Dr. R. S. Toombs, President-elect, to the Chair.

Dr. Toombs, on assuming the duties of the office, extended his grateful thanks for the honor conferred.

Resolved, That the thanks of this Association are cordially extended to our retiring President, Dr. J. B. Gresham, for his uniform courtesy, ability and fairness in presiding over our deliberations. And to Drs. W. E. Todd and J. F. Hunter for their usual fidelity to duty.

On motion, the above was adopted.

Dr. P. W. Rowland exhibited a specimen of a horny excrescence nine inches long from the breast of an old man.

Dr. Craft moved that a committee be appointed to devise

means of establishing a pathological museum and library for this Association.

Dr. Rowan made an able address in behalf of the museum and library, and advocated the State building a State Hospital.

On motion, referred to Publication Committee, and Dr. Craft added to committee.

Motion introduced by Dr. Hamilton, as follows:

Resolved, That the sincere thanks of this Association be and they are hereby tendered to the hotel proprietors, and the citizens generally, of the city of Jackson, for the kind, hospitable manner with which they have received and entertained the members of the Mississippi State Medical Association during its present session; also the various railroads which favored the members with reduced rates. Adopted.

REPORT OF COMMITTEE ON SPECIAL MEDICAL TOPICS.

Aneurism of the Abdominal Aorta—W. H. White, M. D., Brandon.

Erysipelas—W. A. Galloway, M. D., Jackson.

Typhoid Fever—A. Martin, M. D., Hardy Station.

Modern Treatment Phthisis—S. V. D. Hill, M. D., Macon.

Report on Uterine Reflexes—J. H. Blanks, M. D., Meridian.

Uterine Surgery—J. A. Shackleford, M. D., Leota Landing.

Placenta Prævia—D. M. Gardner, M. D., Oxford.

Comparative Value of Veratrum Viride in Puerperal Convulsions—M. L. Guice, M. D., Fayette.

Relative Value of Antipyretics—B. F. Kittrell, M. D., Black Hawk.

Special Treatment Malarial Hæmaturæ—J. C. Hall, M. D., McKinneyville.

Typho-Malarial Fever—P. W. Rowland, M. D., Coffeeville.

Senile Hypertrophy of the Prostate—J. M. Greene, M. D., Aberdeen.

Epidemic Dysentery—W. E. Herring, M. D., Terry.

Hereditary Progressive Muscular Atrophy—J. W. Bennett, M. D., Brookhaven.

Cancer—W. W. Hart, M. D., Lodi.

Defferential Diagnosis in Diseases of the Heart—E. L. McGehee, M. D., Woodville.

On motion, the Association adjourned to meet in Jackson, the 3d Wednesday in April, 1887.

W. E. TODD, M. D.,
Recording Secretary.

ROLL OF MEMBERS

OF THE

MISSISSIPPI STATE MEDICAL ASSOCIATION.

EXPLANATIONS—P, President; V. P., Vice-President; R. S., Recording Secretary; C. S., Corresponding Secretary; A. S., Assistant Secretary; T., Treasurer; O., Orator; *, Removed from the State; †, Deceased.

NAME.	POSTOFFICE.	COUNTY.
W. G. ALLEN	Skipwith's Landing	Washington.
WILLIAM AILLS	Steen's Creek	Rankin.
W. N. AMES	Starkville	Oktibbeha.
W. L. AINSWORTH	Hazlehurst	Copiah.
M. T. ANDERSON	Brownsville	Hinds.
T. M. ANDERSON	Pickens	Holmes.
W. H. ANDERSON	Pickens	Holmes.
M. J. ALEXANDER	Austin	Tunica.
W. H. BAIRD	Indian Bayou	Sunflower.
JOHN BROWNRIGG	Columbus	Lowndes.
WM. T. BALFOUR	Vicksburg	Warren.
P. T. BALEY, T	Jackson	Hinds.
A. P. BALDWIN	Enterprise	Clarke.
J. W. BENNETT	Brookhaven	Lincoln.
T. G. BIRCHETT	Vicksburg	Warren.
J. M. BOGLE	Raymond	Hinds.
R. L. BOGLE	Raymond	Hinds.
O. C. BROTHERS	Artesia	Lowndes.
W. F. BARKSDALE	Hardy Station	Grenada,
A. M. BROWN	Coffeeville	Yalobusha.
J. A. BROWNE	Kosciusko	Attala.
J. H. BLANKS	Meridian	Lauderdale.
H. P. BRISBANE	Vicksburg	Warren.
W. H. BARR	Starkville	Oktibbeha.
J. B. BALEY	Conchatta	Newton.
T. T. BEALL	Vicksburg	Warren.
PAUL A. BURT	Oxford	Lafayette.
F. P. BIBBY	Pontotoc	Pontotoc.
G. P. BLUNDELL	Yazoo City	Yazoo.
J. M. BUCHANAN	Okolona	Chickasaw.

NAME.	POSTOFFICE.	COUNTY.
J. C. Brooks		Bolivar.
F. A. Brizzell	Arcola	Washington.
R. L. Buck	Burdette	Washington.
A. J. Barrower	Corinth	Alcorn.
J. T. B. Berry	Steen's Creek	Rankin.
G. M. Barrier	Anding	Yazoo.
T. E. Butler	Glen Allen	Washington.
N. L. Clarke, A. S.	Hickory	Newton.
Matt. Clay	Brooksville	Noxubee.
M. S. Craft, P., V. P., C. S.	Jackson	Hinds.
N. G. Carter	Ripley	Tippah.
E. A. Cox	Baldwyn	Prentiss.
R. C. Cunningham	Verona	Lee.
W. D. Carter	Ripley	Tippah.
Thos. A. Catchings	Byram	Hinds.
C. M. Currell	Greenville	Washington.
J. T. Chandler, V. P.	Oxford	Lafayette.
A. P. Champlin	Bay St. Louis	Harrison.
B. B. Carson	Durant	Holmes.
J. M. Cloud	Water Valley	Yalobusha.
T. P. Colman	Oxford	Lafayette.
G. M. D. Chester	Free Run	Yazoo.
B. L. Cully	Madison Station	Madison.
F. W. Dancy	Holly Springs	Marshall.
Chesley Daniel	Holly Springs	Marshall.
M. G. Davis	Greenwood	Leflore.
R. L. Dunn	Yazoo City	Yazoo.
B. F. Duke	Lake Como	Jasper.
B. A. Duncan	West Point	Clay.
J. C. Denson	Ludlow	Scott.
S. R. Dunn, V. P.	Greenville	Washington.
J. W. Dulaney	Rosedale	Bolivar.
D. M. Diggs	Sheppardtown	Leflore.
G. D. Dickerson	Salem	Benton.
C. C. Ewing	Aberdeen	Monroe.
Geo. S. Ellis	Booneville	Prentiss.
Thos. B. Elkin	Aberdeen	Monroe.
R. T. Edwards	Vicksburg	Warren.
A. C. Edwards	Vosburg	Jasper.
W. A. Evans, Jr.	Aberdeen	Monroe.
J. W. Ellis	Canton	Madison.
R. D. Farish	Mayersville	Issaquena.
J. C. Fant	Macon	Noxubee.
J. S. Featherston	Brooksville	Noxubee.
Frank Ferrell	Ashland	Benton.
F. M. Fitzhugh		
T. W. Fullilove	Vaiden	Carroll.
J. W. Frazer	Tupelo	Lee.
E. Fox	Forest	Scott.

NAME.	POSTOFFICE.	COUNTY.
F. W. Forbes	Othello	Tunica.
T. B. Ford	Columbia	Marion.
F. L. Fulgham	Jackson	Hinds.
W. A. Galloway, C. S.	Jackson	Hinds.
W. Y. Gadberry, 1st P.	Yazoo City	Yazoo.
Basil George	Enterprise	Clarke.
Harris A. Gant	Water Valley	Yalobusha.
S. C. Gholson	Holly Springs	Marshall.
W. F. Gresham	Durant	Holmes.
T. H. Gordon	Oakland	Grenada.
P. H. Griffin	Meridian	Lauderdale.
N. L. Guice	Fayette	Jefferson.
F. H. Gulledge	Durant	Holmes.
J. M. Greene, V.-P., P.	Aberdeen	Monroe.
J. B. Gresham, V.-P., P.	West Point	Clay.
D. M. Gardner	Lafayette Springs	Lafayette.
R. W. Gulledge	Durant	Holmes.
A. C. Halbert	Cobb Switch	Lowndes.
J. D. Harrell	DeSoto	
H. H. Haralson	Harperville	Scott.
C. R. Henderson	Deasonville	Yazoo.
S. V. D. Hill, P.	Macon	Noxubee.
Geo. W. Howard	Vicksburg	Warren.
J. M. Hunt	Vicksburg	Warren.
W. F. Hyer, T., V.-P., P.	Holly Springs	Marshall.
J. C. Hall	McKinneyville	Sharkey.
Wm. Preston Hughes	Port Gibson	Claiborne.
Geo. K. Harrington, T.	Jackson	Hinds.
O. A. Harris	Meridian	Lauderdale.
A. E. Hardin	Abbeville	Lafayette.
J. E. Halbert, V. P.		
W. W. Hart, V. P.	Lodi	Montgomery.
J. M. Hoyle	Tupelo	Lee.
J. J. Hardin	Brooksville	Noxubee.
W. W. Hamilton	Brooksville	Noxubee.
John M. Henson	Aberdeen	Monroe.
R. E. Howard	Durant	Holmes.
C. S. Hudson	Yazoo City	Yazoo.
T. R. Henderson	Greenwood	Leflore.
F. M. Halbert	Skipwith's Landing	Washington.
J. R. Hill	Yazoo City	Yazoo.
C. Hoover	McComb City	Pike.
J. T. Hancock	Shuqualak	Noxubee.
T. A. Heath	Hays' Landing	Issaquena.
I. J. Holman	Hemingway	Carroll.
J. P. Hamer	Kilmichael	Montgomery.
J. M. Hicks	Goodman	Holmes.
J. F. Hunter, A. S., T.	Jackson	Hinds.

NAME.	POSTOFFICE.	COUNTY.
G. S. Hunter	Brownsville	Hinds.
R. E. Hutchins	Brownsville	Hinds.
W. E. Herring	Terry	Hinds.
Thos. D. Isom, v.-p	Oxford	Lafayette.
Henry Izard	Meridian	Lauderdale.
O. S. Iglehart	Vicksburg	Warren.
Wirt Johnston, b. s., p	Jackson	Hinds.
R. B. Johnson	Kirkwood	Madison.
T. G. Joy	Abbott	Clay.
Chas. H. Jones	Refuge Landing	Washington.
C. W. Jordan	Prairie Station	Monroe.
R. E. Jones	Crystal Springs	Copiah.
W. T. Johnson	Black Hawk	Carroll.
J. W. Jordan	Black Hawk	Carroll.
A. M. King	Oxford	Lafayette.
Rob't Kells, t	Jackson	Hinds.
R. S. Knox	Enterprise	Clarke.
Carroll Kendrick	Corinth	Alcorn.
J. R. Kirkland	Meridian	Lauderdale.
B. F. Kittrell, v. p., o., p	Black Hawk	Carroll.
D. A. Kinchloe	Sardis	Panola.
W. A. Kellis	Mashulaville	Noxubee.
W. G. Kiger	Brunswick	Warren.
J. G. Knox	Toomsuba	Lauderdale.
T. P. Lockwood, v. p	Crystal Springs	Copiah.
L. C. Lee	Graysport	Grenada.
John H. Lucas	Greenwood	Leflore.
T. J. Lee	Philadelphia	Neshoba.
W. C. Lawrence	Crawfordsville	Lowndes.
M. J. Lowry	Meridian	Lauderdale.
John Long	Coffadeliah	Neshoba.
J. H. Low	Newport	Attala.
Geo. W. Luster		
C. J. Mitchell	Vicksburg	Warren.
W. H. Miller	Okolona	Chickasaw.
J. H. Murfee	Okolona	Chickasaw.
D. McCallum, v.-p	Westville	Simpson.
H. C. McGuin	West Point	Clay.
P. J. Maxwell	Columbus	Lowndes.
Thos. H. Mays	Columbus	Lowndes.
L. M. Mays	Graysport	Grenada.
P. J. McCormick, v.-p., p	Yazoo City	Yazoo.
W. H. McDougal	Rienzi	Alcorn.
T. J. Mitchell	Jackson	Hinds.
J. P. Moore, v.-p	Yazoo City	Yazoo.
J. F. Moore		
W. Myles	Port Gibson	Claiborne.
Wm. McSwine	Grenada	Grenada.

NAME.	POSTOFFICE.	COUNTY.
James McWillie	Jackson	Hinds.
J. M. McFarland	Water Valley	Yalobusha.
C. J. F. Merriwether	Oakland	Yalobusha.
R. C. Myles	Myles	Claiborne.
H. A. Minor	Macon	Noxubee.
A. C. Molloy	Caledonia	Lowndes.
E. L. McGehee, v. p	Woodville	Wilkinson.
L. W. Mabry	Goodman	Holmes.
Aurelius Martin	Hardy	Grenada.
Dan. M. McGehee	Shell Mound	Leflore.
T. J. Murray	Onward	Sharkey.
D. C. Montgomery	Greenville	Washington.
J. Y. Murry	Ripley	Tippah.
Jos. L. Murrell	Forest	Scott.
W. McD. Martin	Black Hawk	Carroll.
J. A. McBride	Vaiden	Carroll.
J. W. McCarley		
W. H. McFarlan	Vaiden	Carroll.
J. L. McLean	Winona	Montgomery.
J. A. Mead	Pearlington	Hancock.
M. D. Morgan	Jackson	Hinds.
G. M. Mott	Ellisville	Jones.
A. L. Morris	Lena	Leake.
J. H. Maddox	Concordia	Bolivar.
R. D. Miller	Clinton	Hinds.
W. D. McCarty	Fannin	Rankin.
R. M. Neely	Coldwater	Tate.
W. S. Norris	Prairie Station	Monroe.
Anthony Miller	Nittayuma	Sharkey.
R. Anderson New, b. s	Rodney	Jefferson.
Thomas L. Neal	Hay's Landing	Issaquena.
J. O. Newman	Vicksburg	Warren.
R. O'Leary	Vicksburg	Warren.
J. F. O'Leary	Vicksburg	Warren.
T. T. Orendorf	Rolling Fork	Sharkey.
C. E. Oatis	Hazlehurst	Copiah.
S. L. Paine, v. p	Aberdeen	Monroe.
W. M. Paine	Aberdeen	Monroe.
T. A. Phillips	Canton	Madison.
J. P. Parker, v. p	Beuna Vista	Chickasaw.
J. R. Prince	Summerville	Noxubee.
Wm. Powell	Torrance	Yalobusha.
K. P. Perkins	Pope Station	Panola.
D. L. Phares, p	Agricultural College	Oktibbeha.
Geo. C. Phillips	Lexington	Holmes.
John B. Pease, v. p	Concordia	Bolivar.
B. J. Pate	Sidon	Leflore.
C. S. Priestly	Canton	Madison.

NAME.	POSTOFFICE.	COUNTY.
J. R. Phillips	Meridian	Lauderdale.
W. C. Pierson	Coffeeville	Yalobusha.
R. A. Quinn, t	Vicksburg	Warren.
D. H. Quinn	McComb City	Pike.
O. B. Quinn	McComb City	Pike.
Arthur H. Rice	Choctaw Agency	Oktibbeha.
P. W. Rowland	Coffeeville	Yalobusha.
Geo. E. Redwood	Meridian	Lauderdale.
W. D. Redus	Port Gibson	Claiborne,
L. Richardson	Bolivar Landing	Bolivar.
C. A. Rice, c. s	Meridian	Lauderdale.
W. J. Redditt	Winona	Montgomery.
J. H. Rhodes	Learned	Hinds.
E. A. Rowan	Wesson	Copiah.
L. S. Rogers	West	Holmes.
H. Shannon, v. p	Gibbs	Jackson.
J. S. Sizer	Fort Stevens	Yazoo.
A. H. Smith, v. p	Meridian	Lauderdale.
James M. Smith	Eggs Point	Washington.
A. G. Smythe, v. p	Baldwyn	Lee.
John W. Spillman	Columbus	Lowndes.
J. C. Spinks	Shubuta	Clarke.
A. P. Sims	Morton	Scott.
A. W. Short	Denmark	Lafayette.
L. Sexton	Wesson	Copiah.
Sid. B. Smith	Grenada	Grenada.
Newton C. Steele	Corinth	Alcorn.
R. R. Stockard	Greenville	Washington.
H. L. Sutherland		
W. J. Sykes, p	Aberdeen	Monroe.
Robert Smith	Kosciusko	Attala.
B. A. Shepherd	Richland	Holmes.
A. J. Sanderson	Vaiden	Carroll.
E. P. Sale, v. p., p	Aberdeen	Monroe.
J. Mell Smith	Coffeeville	Yalobusha.
S. S. Smithwick	Chester	Choctaw.
J. O. Sanders	Carrollton	Carroll.
L. L. Saunders	Grenada	Grenada.
W. B. Sanford	Corinth	Alcorn.
H. J. Small	Winona	Montgomery.
O. J. Sherman	Harrison	Tallahatchie.
J. D. Staples	Huntsville	Montgomery.
E. F. Shuler	Sallis	Attala.
W. S. Sanders	Eureka Springs	Panola.
J. A. Shackleford	Leota Landing	Washington.
G. A. Spivey	Mayfield	Montgomery.
J. R. Shannan	Shubuta	Clarke.
C. C. Stockard	Columbus	Lowndes.

NAME.	POSTOFFICE.	COUNTY.
W. J. Stevenson	Lauderdale Station	Lauderdale.
A. G. Sinclair	Memphis, Tennessee.	
Owen Stone	Stoneville	Washington.
John Seay		Washington.
O. H. Spence	Utica	Hinds.
W. S. Sims	Meridian	Lauderdale.
J. M. Taylor, v. p., p.	Corinth	Alcorn.
R. S. Toombs, v. p.	Greenville	Washington.
G. W. Trimble, o.	Grenada	Grenada.
T. R. Trotter, v. p.	Duck Hill	Montgomery.
J. D. Talbert	Cold Water	Tate.
W. E. Todd, r. s.	Clinton	Hinds.
C. J. Townsend	West Point	Clay.
W. A. Taylor	Booneville	Prentiss.
A. S. Thompson	Buena Vista	Chickasaw.
M. J. Thompson	Meridian	Lauderdale.
B. F. Travis	Heidelburg	Jasper.
J. C. Terrell	Utica	Hinds.
F. R. Van Eaton	Glendale	Coahoma.
B. A. Vaughan, v.-p., c. s., p.	Columbus	Lowndes.
G. W. Vassar, v.-p.	Carrollton	Carroll.
A. M. Waddill	Rolling Fork	Sharkey.
M. F. Wakerfield	Starkville	Oktibbeha.
R. G. Wharton, v.-p.	Port Gibson	Claiborne.
L. White	Utica	Hinds.
B. H. Whitfield	Clinton	Hinds.
John Wright	Sardis	Panola.
J. S. Walker	Greenville	Washington.
A. M. West	Holly Springs	Marshall.
T. L. Wilburn	Winona	Montgomery.
S. L. Wynne	Looxahoma	Tate.
Lea Williamson	Como	Panola.
B. F. Ward, o., p.	Winona	Montgomery.
N. M. Woods	Mount Nebo	Yalobusha.
S. N. Walker, v.-p.	Baldwyn	Prentiss.
W. S. Weisinger	Hernando	DeSoto.
W. A. Wilson	Seven Pines	Carroll.
J. M. Whitson	Orwood	Lafayette.
A. A. Wheat	Harrison	Tallahatchie.
Wm. H. White	Brandon	Rankin.
A. V. Woolverton	Enterprise	Clarke.
C. Weathersby		Coahoma.
Edwin Wright	Sardis	Panola.
H. Yandell	Benton	Yazoo.
J. W. Young	Carrollton	Carroll.
R. M. Young	Corinth	Alcorn.

HONORARY MEMBERS

OF THE

MISSISSIPPI STATE MEDICAL ASSOCIATION.

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FRANK JOHNSTON, ESQ.	Jackson	Hinds.
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HON. F. G. BARRY	West Point	Clay.
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GOV. ROBERT LOWRY	Jackson	Hinds.
GEO. E. REDWOOD, M. D	Meridian	Lauderdale.

PRESIDENT'S ADDRESS.

Fellows of the Mississippi State Medical Association:

I deem it a high privilege to address you to-day, although I do not possess that gift of oratory, or power of eloquence which your cultured taste would most appreciate; yet I claim to have that honest desire to enlist your attention, which even plainness of speech can do, if it is uttered in a spirit of candor and good will.

Possibly no other city in Mississippi has been the scene of so many conventions as the hospitable one in which we are met to-day. Bodies of men have come to this fair Capital to discuss questions of philanthropy, politics, law and religion—all needed things in the make-up of our great State, each having its distinct purpose, and yet all woven into one harmonious principle of good government.

To-day a Convention is assembled here, which for motive power in coming together has not been excelled in worthiness by any previous one ever held in this city.

A Convention of the State Medical Association is one of the greatest importance, not only to the members assembled, but to the State at large; made up of men who are the guardians of the health of the people.

This Association meets year after year for interchange of thought upon those great themes which are as vital as life itself. We meet as men conscious of our duty to the people, and therefore we come prepared to discuss together important truths in kindness, in justice, and with a keen desire to impart the good we may have learned, and to be benefitted by the rich store of experience acquired by our fellows.

Coming together, then, in a spirit of generous desire to give and to receive, our meeting will be characterized by

that dignity of pleasure which is felt by those who, in honesty and friendship, talk over live questions, and plan for future good.

A Medical Convention in the primitive days, before science had climbed the dizzy height from which she now beckons us, must have presented very contrastive differences to this professional body.

Then the discoveries which have followed every improvement of the microscope were locked fast in the keeping of undeveloped truths. Then the wonderful organism of man's body was more imperfectly comprehended and the remedies for the relief of this strange and complex structure, when out of order, were as primitive as the times. Then nature still held in her great garden plants whose healings had never blessed the nations. Then in the waters that bubbled from the warm mother earth were blessings for the sick unguessed and unappreciated.

Since those olden days, every year has given the medical profession a clearer knowledge of man, both in his physical and mental nature. So much has been developed by diligent thought and ambitious knowledge, that, summing up the treasures of medical wisdom, we wonder if the summit is not almost reached, and marvel as we catch a glimpse of the possibilities beyond.

From continent to continent, under the ocean, over the wires, flash year by year, new theories, new truths, new remedies and applications of substances as old as the world, yet new to men in their newly found properties.

America gives her priceless medical discoveries, and the Old World contributes her gifts beyond the power of money to buy. For the benefit of man, in his journey through life, no other profession has ever done so much as that of Medicine. It has been the careful mother of health, and hence the giver of contentment. The exalted mission of the medical profession should make itself felt upon every man who assumes its responsibilities, its privileges and its duties.

To be the guardians of that mysterious, marvelous and delicately wrought wonder called organic life, from the

time of earliest infancy to the decrepitude of age, is indeed a trust, solemn in its intensity and absorbing in its interests. Not only does this trust extend to the physical life of man, but it embraces in its keeping the healthfulness of the brain, that God-like organ where reason is the priceless jewel to be protected, for Macbeth's question, "Can'st thou not minister to a mind diseased?" is as often asked as relief from bodily pain.

To be the holder of such responsibilities must urge every physician who is conscientious in the discharge of duty, to desire to be worthy of his high avocation. The responsibilities of a physician embrace many duties. I desire to consider them to-day in their three-fold significance, namely: To his patient, to his brothers in the profession, and to the community in which he lives.

In order to be true in his responsibility to his patient, preparation must be continuous, thoughtful, slow, sure persistent, studying ills of man, through facts laid down by eminent practitioners, accumulating to this fund of knowledge the impressive truths of close personal observation and personal experience.

No physician can ever rise to great usefulness who holds his profession as a merchant holds his goods, to be sold for the money it will bring. Such a spirit as this will ever be an insurmountable obstacle in his way, debarring him from reaching the heights of medical knowledge and medical influence.

A physician who is worthy of his diploma and his license soon attracts to himself the respect and confidence of the people whom he serves. In his useful career his patients esteem him as healer, friend and counselor. Into the families under his care he goes more intimately than any other person, not excepting the family pastor. He becomes the recipient of confidences, which, if he is true to his profession, he keeps as inviolate as his honor.

The responsibility of a physician to his patient, doubtless, my fellows, has engaged your most earnest consideration. You have felt a pressure upon you at times with an intensity unequaled by any other of your duties. You

have looked at its varied bearings; you have felt it to hold in its keeping the life of the individual under your care, as well as the happiness of loved ones who looked to you to cure the pains and sufferings and stop the encroachment of disease.

Carelessness in the discharge of this responsibility would make the physician a criminal in the sight of God —a criminal unpunished by law. Every patient should receive the best attention it is in the power of a physician to bestow, and if the case is more complicated than he can intelligibly treat, it is his duty to the patient to call in the help of others, thus acting honestly and conscientiously, even at a sacrifice, maybe, of a little self-pride.

The responsibility of the medical man to his patient is also a source of great good to him if it is felt to be sacred and binding. It nourishes those attributes of head and heart which ennoble manhood, leading him to think deeply, to study, and to observe closely. It constantly increases his medical knowledge, making him a more and more valued assistant to mankind. This close study enlarges the brain, while the care of the patient tends to incite in the physician traits of gentleness, of sympathy and of unwavering loyalness. All of these ennobling attributes but fit him to more perfectly adorn his profession, and endear him to those to whom he ministers. As he goes onward in this way, these traits of soul become woven into his everyday life, and the common verdict is, Here is a physician who maintains in his profession the proper standard of excellence.

The responsibility, then, to his patient combines thoroughness of preparation, cleanness of thought, calmness of brain, gentleness of manner, faithfulness of friendship, and a profound consciousness of responsibility. How worthy, my fellows of our consideration.

When I consider the relationship which should exist between physicians in their duty, one to the other, I am aware that I approach that part of my subject sometimes more carelessly heeded by some of us than our duties to our patients. Some of us, perhaps, have found it an easier

duty to perform in being true to our patients than it is to be perfectly true to our brothers. The greatest drawbacks to the harmonious accord, with physicians professionally, are petty jealousies, which, unnipped in the bud and allowed to grow, thrive like "the thrifty bean that Jack planted." These jealousies are no respecters of classes, attacking alike the most unlearned, as well as the most skilled. They are to be avoided as obstacles in the way of that free exchange of thought which is so highly beneficial.

One of the graces to be cultivated by us in our mutual relationship is courtesy—that inborn delicate sentiment that unmistakably proclaims the gentleman.

Probably in no other profession does courtesy so delight to show her heavenly origin, or is more faithful in adorning all who seek her charms. Professional courtesy is what bestows on the medical profession its hours of relaxation from the wear and tear of a fatiguing practice.

Our relationship to one another should, then, combine courtesy, friendship, justice, tolerance and good will. It impresses me that the physician who regards these cardinal points will ever hold an exalted place in the friendship of his fellows.

In the last place, our responsibility to the community assumes a broader significance than those considered, but, nevertheless, it, too, is sacredly binding, and should be rigidly observed.

The physician should warn the people of all causes which give rise to disease: imperfect drainage, impure water, poisonous air, decaying vegetable and animal matters. It should be the constant care of physicians to report and warn the people of their existence, looking ever first to remove the cause of disease, before its ravages have seized upon the people, from the unguarded lurking places. In all towns and cities the causes for disease are constantly multiplying. The people must be cautioned by the ever-watchful guardian of public health, who should be ever ready to avert contagious disease by every means in his power.

I have thus briefly touched upon some of the responsibilities of our profession.

It is my earnest desire that this Convention be one of pleasure and profit to every member.

Everyone may make a suggestion which will be of benefit to us.

I am sure we all esteem it a privilege to meet with the charming people of Jackson, whose hospitality is far-famed.

In these Conventions, year by year, we meet new acquaintances and strengthen old friendships.

While it is pleasant to go in Convention from place to place, it would seem the part of wisdom to select some certain place to hold our meetings in the future. Having a given place, we could well afford to begin to furnish the library and museum. Each and every member could, and doubtless would, furnish us valuable specimens and contributions. It would increase our interest more and more every year of their accumulation. Generous contributions to this stock of medical treasure would surely come; and in no other way can we so build up our Association, and contribute to its usefulness and influence. I hope to hear this subject fully discussed before we adjourn.

Thanking you for your respectful attention, I must remember a physician owes some responsibility to his audience in not wearying the thought by too long a demand.

Antiseptic Treatment of Pulmonary Diseases

By Means of Pneumatic Differentiation.

BY J. H. BLANKS, M. D., MERIDIAN.

The physics of pneumatic differentiation has been so ably set forth by Williams, of Brooklyn, Bowditch, of Boston, and others, that any attempt on my part to further elucidate the subject is not only unnecessary, but impossible. But for the benefit of those who possibly have not followed up the literature of the subject during the past few months, I will describe the pneumatic cabinet by using the words of Ketchum, of New York:

"A cabinet of proper size and shape to hold a man in the sitting posture, and rigid enough to withstand the superficial pressure when rarefaction is produced inside, and strong enough to stand the jars and jolts of transportation, light enough to be taken from office to office, or from doctor to patient. It is made of steel sides, bottom and top fitted to a wrought-iron angle frame, with a heavy glass front and a door in the rear; air-tight when closed, but capable of being opened at an instant's notice. In front and below the glass is a projection which sustains the atomizing apparatus and medicine receptacle. In the centre of the glass an aperture is pierced through, which the breathing faucet penetrates far enough into the cabinet to allow a soft, rubber breathing tube to be slipped on. The breathing faucet is constructed of hard rubber, and is of such shape and design that when in use the condensate collecting in it on the patient's side of the stop-cock flows out through a drip-hole in the latter, while the condensate formed in front flows back into the medicine receptacle

and is re-used. At the side of the projection is another stop-cock entering the steel front of the cabinet, used for decreasing the rarity or pressure inside the cabinet without removal of the breathing tube from the mouth of the patient. In front and immediately over the glass is a monometer guage connecting with the interior of the cabinet, filled with mercury to the zero point and graduated to one-tenth inches. On the top or roof is a bellows whose interior capacity is approximately one-thirteenth of the cubic capacity of the cabinet. The interior of the bellows, by a valve in its floor, communicates with the interior of the cabinet. This valve is operated from the inside of the cabinet. The bellows communicates with the outside air by another valve in its upper side, operated from the rear of the cabinet. The bellows is operated by a rock-shaft running across the top of the instrument supported by shaft-standards on each side, and to one end of which an operating lever is keyed. The saturation of the air is accomplished by the use of an atomizer and stand operated by compressed air or steam and of such height as to deliver its spray directly into the mouth of the breathing faucet. * * * * * * * * * *

The patient is first instructed in the method of respiration entirely through the mouth, and is told that while the air will flow down into the lungs without any effort, a slight blowing force will be necessary to expel it preparatory to the next inspiration. He is next told that when the air of the cabinet is rarified he may experience a slight swelling of the tympani, to relieve which he is instructed to swallow, thus opening the meatus of the eustachian canal, and allowing sufficient of the air enclosed to flow into the throat to produce equilibrium with the surrounding atmosphere. He is next seated in the cabinet on a chair adjustable for height, and raised or lowered until his mouth is on a plane of slightly higher elevation than the opening in the glass front, and a clamp is placed on the external nares to prevent the escape of air by that channel. The door is now closed, the valve rods having previously been placed to indicate that the valves are set to produce rari-

faction; the operator passes to the front of the instrument, and having closed the breathing and auxiliary faucet, with his eye on the guage, moves the lever, operating the bellows to the rear with a slow, even motion, until the difference between the levels in the arms of the monometer indicates a rarifaction of, say, from one-and-a-half to two inches. The object of this procedure before beginning the treatment proper, is to expand the residual air in the lungs, and if any has been imprisoned behind mucous or catarrhal plugs or infarctions, to exert a pushing influence from behind and toward larger bronchi, and produce ultimate evacuation. * * * * * * * *

The rarifaction is now allowed to run down by the use of the auxiliary faucet until the monometer indicates the amount deemed proper by the attending physician, and the spray having been adjusted to the breathing faucet and turned on, the patient is instructed to take the breathing tube and place the mouth-piece with which the end is fitted in his mouth in front of and against his teeth, enclosing the rim with his lips to prevent displacement by the interior pressure. The stop-cock is slowly turned on, nature asserts herself, and the inflation of the cheeks and rise of the thoracic envelope indicate that the restraint first offered by the stop-cock is now offered by the cell walls, and the same influence that is distending the cheeks so markedly is distending the alveolar walls. This first inspiration has distended every cell and avenue, and the process of diffusion with the air charged with vapor of the medicament proceeds with a rapidity commensurate with its enlarged avenue of approaches, and the act of expiration commences. This is brought about by the patient's forced muscular expiratory effort, and the pressure of the cell-walls on the loaded air reduces its hygrometric condition to a point where condensation is effected exactly in proportion to the energy of the effort minus the effect of the increased temperature. Subsequent respiration is no greater in amplitude than normal, except in so far as the feeling of inflation may induce a greater expiratory effort; but after a time the patient becomes fatigued, notwith-

standing frequent rests (during which he inspires the air in the cabinet) and the expiratory act becomes labored. The door is now opened and the valves, inside and out, are set for vibration of the enclosed atmosphere synchronously with the respiratory act from plus to minus the weight of the outside air. In other words, the top valve is closed and the bottom one opened wide. The door is again closed and the breathing faucet is opened, and with the lever the bellows is raised until it has reached an elevation equal to one-half its height, and the patient is instructed to again place the tube in his mouth and make his first act one of inspiration. At the same time, the operator raises the bellows to its full height, and holds it during the interval preceding the inspiration. Then, allowing it to descend to the midway point, he forces it to complete collapse, thus compressing the air to the extent of one-half the contents of the bellows, and by this compression, forcing the collapse of the thoracic walls and consequent compressions and condensations. This method continues, if used as a pulmonary calisthenic, or as a means of topical application of remedial agents until, in the judgment of the operator, the dose or exercise is deemed sufficient. The influences of compressed air surrounding the patient while he is breathing at normal density, of course exerts its influence in a contrary direction, except in relation to condensation, where the outflow of air is retarded by the constricted condition of the glottis during expiration. This anatomical verification of the conclusion arrived at, independently, by logical deductions from the action of the monometer in estimating the dynamic value of expiratory energy, is as welcome as it is conclusive."

It will become perfectly apparent to anyone, that with such an apparatus we are enabled to do what we never did so effectually before, viz: promote perfect expansion of the lungs, thus introducing more oxygen and medicinal agents, without any inconvenience to the patient whatever.

Dr. Williams, by numerous experiments, proves that agents thus administered are carried to the ultimate alveoli. Those who accept the views of Koch, then, have a per-

fect method of studying the effect of germicides upon the tubercular baccilus. They have a simple method of dilating constricted bronchi and expanding collapsed air cells, and establishing thorough drainage and making direct application of remedies.

Those who do not cherish the views of Koch, but who have noted (as everyone has) the beneficial effect of altitude on diseased lungs, will not fail to see that good can be accomplished by the pneumatic process.

It was the study of the effect of altitude upon pulmonary disease that caused Dr. Williams to suggest the construction of the cabinet. But the demonstration of Koch caused me to look upon the pneumatic process with more favor than anything else.

Being a firm believer in the germ theory of phthisis, I felt that in this we had the only means of making a direct attack, as well as, at the same time, expanding the lungs, and thereby increasing their nutrition.

One difficulty that will forever operate against this or any other method of treatment of phthisis, and that is, we so seldom get to treat it in its early stages.

Few persons will believe they have phthisis until it is far advanced, and if there is anything we do know, it is, that to treat it successfully we must begin early.

I find in my case-book the records of twenty-seven cases treated by the Williams cabinet since 29th of November, 1885. The table on the opposite page will show the number and character of cases, and the result of each case to date.

The rarification used varied from one-tenth to eight-tenths of an inch fall of the barometric column. Time occupied varied from fifteen to twenty minutes. Daily applications were made in all cases for the first few days, and some of them throughout the course of treatment. After two or three weeks of daily application, some cases of advanced phthisis were treated three times a week.

	Total cases.	Recoveries.	Improvements.	Non-Improvements.	Deaths.
Bronchitis	12	9	2	1	..
Asthmatic Bronchitis	1	..	..	1	..
Acute Phthisis (first stage)	3	1	1	1	..
Acute Phthisis (second stage)	1	..	1	..	..
Acute Phthisis (third stage)	4	..	..	..	4
Chronic Phthisis	4	..	3	1	..
Unresolved Pneumonia	2	1	1	..	..
	27	11	8	4	4

The cases reported in the death column were all advanced. They were unable to walk unaided, greatly emaciated, and an evening temperature from 103 to 105. One of them was only under treatment four days. The other three derived great benefit. They expectorated freely after each application, and could breathe easily and were very much aided in procuring sleep. They were always greatly disappointed when they were prevented from any cause from receiving treatment, as they said they could breathe and sleep so much better after receiving treatment.

One case of phthisis reported as benefitted, was such an unpromising one that I give the history in full:

CASE VIII.

Mr. M., aged 22; best weight 158, present weight 117. Two brothers had died of consumption, and one of supposed pneumonia. Patient contracted measles sixteen months before, since which time he has had constant cough. Eight months ago had several hemorrhages, and has rapidly declined since. He was first seen by me December 15th, 1885, when the following notes were recorded:

Inspection—Shows marked depression in left sub-clavicalor space.

Palpation—Increased vocal fremitus, left side.

Percussion—Left side: Forcible percussion shows tym-

panitic quality about third intercostal space. Posterially there is dullness.

Auscultation—Left lung anteriorally shows marked amphoric respiration in sub-clavicalar region, and gurgles distinctly heard at forced respiratory efforts.

His temperature was 102, pulse 100, repiration 30. Treatment was commenced December 15th, 1885, the day these observations were made.

He breathed at first against two-tenths inch face of barometer for fifteen minutes, inhaling a one to one thousand bichloride solution. Next day three-tenths pressure, which was gradually increased daily till eight-tenths was reached, at which he continued throughout the course of the treatment.

December 19th—Temperature 102, pulse 100, respiration 28.

December 23d—Temperature 100, pulse 90, respiration 26.

December 28th—Temperature normal, respiration 24, pulse 86.

He now reports that he feels much better; can walk a mile with less fatigue than one-fourth the distance produced before beginning treatment. Has gained two pounds in weight; appetite good.

January 7th—Has gained another pound in weight; cough much better, and has good appetite.

January 20th—He feels "splendid." He now weighs 125 pounds, a gain of eight pounds in thirty-five days.

February 15th—Continued improvement. Reports himself as feeling as well as he ever did, but still has a slight cough.

Physical examination discloses absence of moisture in the cavity. Posterior dullness cleared up.

March 1st—continued improvement. He expresses a desire to resume work as a laborer.

Treatment now reduced to three times a week.

March 15th—Cough somewhat increased, temperature 100; treatment again daily.

April 1st—Reports himself as feeling well, but cough more troublesome.

April 12th—Left to get ready to go to Southwestern Texas to engage in work as a laborer, which he says he feels perfectly able to do.

This case was referred to me by Dr. M. J. Thompson of this city who will corroborate these statements. He was also examined by Dr. H. Izard at the beginning of the treatment, who also concurs in the diagnosis. This case received about one hundred applications—more than any any other case treated.

The case of acute phthisis in first stage reported cured, has the following history:

CASE XII.

January 2, 1886. Mr. J., aged 33; best weight 134, present weight 115. Mother died of consumption. Had cough about two months, accompanied by slight fever in afternoon, rapid emaciation, general weakness, etc. For several weeks had an evening temperature of 101g. He was first seen by me December 24th, 1885, when the following observations were made:

Inspection—General appearance anæmic; slight depression in infra-clavicular region, left side; respiration 28.

Palpation—Vocal fremitus increased apex left lung.

Percussion—Dullness on left side infra-clavicular region. Right side normal.

Auscultation—Sibilant rales, prolonged expiratory murmer left side; puerile respiration right lung.

Diagnosis—Primary infiltration at apex left lung.

Treatment began January 2d, 1886, and about thirty applications were made. During first ten days but little improvement could be observed, but after this time febrile disturbance and cough began to subside, but is very much exhausted. Pulse 110, upon entering the office on January 18th.

January 25th—marked improvement: temperature normal, pulse 90, respiration 24.

January 27th—Continued improvement; application to be made every second or third day.

January 29th—cough ceased, and is gaining rapidly in weight.

Physical signs now show the infiltration has cleared up. At this time (April 15th, 1886,) he is perfectly well.

The case of acute phthisis in first stage, reported as not benefitted, received treatment extending over a period of five weeks, when he justly became discouraged and left for Southwestern Texas, where he is improving.

The case of acute phthisis under the head of "improved," is still under treatment and improving.

One case of chronic phthisis, under the head of improvement, was a most unpromising one. She had a large cavity in right lung, bad family history, emaciated, menses had ceased, no appetite and confined to her bed most of her time. Under treatment she was soon able to walk to my office, a distance of nearly half a mile, menses returned, and in one month she regained her normal weight, and in this condition she remains, but still has a cough.

As the diagnosis of the first stage of phthisis is sometimes very difficult, some of the cases under the head of bronchitis may have belonged to that of phthisis. With this exception, I am sure no other error was committed.

The medicinal agents used were mercuric bichloride one to one thousand, either alone or in combination with carbolic acid, iodine or ammonia chloride. The vehicle used usually being pine needle extract, glycerine and water. After using the stronger preparations, the last two or three minutes were almost invariably occupied by using tolu water, which always somewhat allayed the irritation.

Dr. Houghton, of Chicago, reports good results by the use of solution of hypophosphite of lime, by which he claims to arrest the destructive process by promoting calcification.

My experience with this class of remedies is not sufficient to warrant me in forming an opinion, having used them only a short while.

Several cases marked as "improved" and "non-improvement," are still under treatment, and time alone can determine the results. Some of them were under treatment less than ten days, and become discouraged (as often occurs in the treatment of other diseases), and abandoned

the treatment. Sufficient time has not elapsed to say that a recurrence of the disease is not probable in my cases, but nearly three years have passed since some of Dr. Williams' cases were cured, and they are unaffected now.

Whether this is a remedial measure destined to arrest that baneful disease, consumption, and change its alarming statistics, time alone can tell, but that it approaches it more closely than all others all are forced to admit. But it is like all other novelties in therapeutics, liable to suffer one of two fates, *i. e.*, disuse from merited distrust, or misuse from misplaced confidence and unwarranted enthusiasm.

[July 12th. Since writing the above, I have had an opportunity of treating two more cases of phthisis in the first stage. One was somewhat improved, the other derived no benefit.]

A CASE OF PUERPERAL NEPHRITIS.

TARDY FIRST STAGE OF LABOR. PROFUSE POST-PARTUM HEMORRHAGE. ELECTRICITY AS AN OXYTOCIC.

BY N. L. GUICE, M. D., FAYETTE.

February 4, 1886, I was engaged by her husband to attend Mrs. H., primapara, *æt.* 23, who expected to be confined within ten days. Obtaining, as is my custom, a specimen of her urine, it was found upon analysis to contain a very considerable quantity of albumin. Desiring to correct or improve this dangerous condition, I prescribed for her extract jaborandi fl. gtt. xx. every four hours: the bowels to be kept soluble by pulv. jalap co. By this treatment the daily quantity of urine was increased and the albumin lessened, but being averse to taking medicine, the treatment was stopped on the third day, after which I did not analyze the urine. Thus the case drifted in the hands of nature to the evening of February 16, when labor began. There was now evident odema of the face, some headache, and the pulse 110. Presentation vertex in first position, and some rigidity of the os, which latter yielded to a dose (gr. xx) of chloride hydrate. Owing to inefficient uterine contractions the labor was tardy and protracted in the first stage. After twelve hours of impatient waiting, the os uteri being then soft and dilatable, an electric battery was brought into requisition, and a strong and rapidly interrupted current applied to the inactive

uterus. When the head came down upon the perineum the electricity was withdrawn, and it was found necessary, by means of strong counter-pressure, to restrain the rapid advance under the then forcible action of the uterus.

Finding after delivery of the placenta by the method of Crede, that the contraction of the uterus was not sufficiently firm, 1 drachm of Squibb's fluid extract of ergot was given.

Thirty minutes after the completion of labor, there being then no unsatisfactory symptoms other than a continuance of the frequent pulse, (110), I went down to breakfast. But upon being speedily recalled, I returned to the parturient chamber to find my patient undergoing a frightful post-partum hemorrhage. Carrying one hand into the now relaxed uterus, active manipulation was practiced with no amelioration, the organ refusing to contract. A few clots which lay in the cavity of the uterus were removed as the hand was withdrawn, and a teacup of vinegar which had been placed in the room for the then existing emergency was immediately thrown into the uterine cavity by means of a Davidson syringe, which was also in complete readiness. Under this the uterus contracted and the hemorrhage ceased, but the cessation was only momentary. The uterus almost immediately relaxed under the hand. The patient's head was now lowered to a level with the body. The nurse and assistant were now, as rapidly as possible, preparing a vessel of hot water (which was also in the room) while the horrifying and heart-rending gurgle of blood escaping from the vagina was again torturing my ear, which torture was increased tenfold by the quiet exclamation of the patient: "I am blind; I can't see!" The hot water, as hot as could be safely used, was now pumped into the still flaccid uterus with results even less satisfactory than those attending the use of the vinegar. "I am blind; I feel like I would faint; give me some water!" came from the now pallid lips of the patient while I was as rapidly as possible bringing my battery into position. A strong current having been put on, the positive electrode was firmly pressed against the palm of the patient. The negative being held

in my left hand, I grasped with my right, through the walls of the abdomen, the still flaccid and bleeding uterus. The result was instantaneous, and firm contraction with total suppression of the hemorrhage. The current was continued for a few minutes and was then withdrawn and reapplied alternately, the softening of the uterus under the hand supplying the indication for its use.

Nothing could have been more prompt or gratifying than was the action of the electric current in the case of this young, beautiful and hopeful mother whose life was then suspended by a narrow thread which *must* have parted within a very few seconds but for the presence in the room of my battery.

Under the proper restoratives Mrs. H. slowly rallied from the condition of extreme exhaustion following the hemorrhage. Her convalescence was slow and difficult, with temperature ranging from 99 1–2 to 102 for ten days. Her ultimate recovery, however, was satisfactory.

In obstetrics, nothing can be more alarming or dangerous to the life of the mother than profuse post-partum hemorrhage. To arrest its frightful progress, our action must be prompt and effective, and time is not at our disposal for "sending out" for agents with which to arrest its fatal progress. In many cases, ergot, given hypodermically, would be too slow, and again, this agent is unreliable, by reason of the doubtful therapeutic value of any given specimen of the drug; yet in these cases, it should be given *hypodermically*, provided the time required for the operation can be safely diverted from the application of other agents from which we should reasonably expect more speedy, effective and certain results.

The case of Mrs. H. serves to emphasize the oft-repeated necessity for ample and complete preparation in all cases of obstetrics. There should be (conveniently) placed in every parturient chamber, pending the progress of labor, 1st, a hypodermic syringe, charged with a dose of the best available preparation of ext. ergot: 2d, a vessel containing fragments of ice about the size of a hen's egg; 3d, a vessel of hot water; 4th, a small quantity of common vinegar;

5th, a Davidson syringe, in thorough working order: and last, *but not least*, an electric battery, arranged for speedy application.

In the room on this, to me, ever memorable occasion, my preparation was not quite so complete as indeed it should have been; but the result proved the fortunate circumstance of the accidental presence of my battery.

We have learned that writers differ as regards the method of applying electricity for the purpose of stimulating the uterus to active contraction. I have employed two methods, to-wit: 1st. Placing one electrode over the sacrum and the other over the abdomen in front, pressing the latter electrode firmly against the body of the uterus. 2d. Placing one electrode in the hand of the patient, I hold the other in my left hand, the body of the uterus being firmly grasped, through the walls of the abdomen by my right, employing a strong and rapidly interrupted current. I have found both methods effective, but prefer the latter, as being, 1st, more elegant and easy of application; and, 2d, with the hand upon the body of the uterus, the current is not only transmitted through a good conductor, but evidence of the failure or success of the electricity is immediately and accurately furnished through the tactile sense.

In applying the current in this manner, it is proper to observe that the bare arm of the operator shall not come in contact with a bare extremity of the patient, for obvious reasons.

The dystocia in the case reported was due to inefficient action of the uterus. The pains were infrequent and the contractions lacked the force requisite to advance the labor, notwithstanding the early rupture of the membranes and in the face of ample relaxation of the os and perineum.

Thus, for want of a *cis a tergo*, the strength and endurance of the patient was being overtaxed; hope of an early completion of the labor was waning and impairing the courage to endure what seemed, to both patient and friends, fruitless suffering.

A safe, efficient, and, at the same time, *manageable*, oxytocic—one that will supply the needed *vis a tergo*, and thus displace the *vis a fronte* (forceps)—in such cases, is still a desideratum in obstetric medicine. Whether or not, or to what extent electricity may supply this want, is as yet undetermined. Suffice it, however, in the case of Mrs. H., the effect was perfectly satisfactory. The electrodes being disposed as above described, (the positive being held by the patient,) upon the inception of a pain my right hand was pressed upon the uterus below the point of its greatest circumference—more correctly, the neck of the organ—the thumb and tips of the fingers grasping the lateral walls. The current was strong, but not painful to the hand or arm of the patient. The force of the contraction was immediately increased, and ceased *only* upon breaking the circuit, which was done at proper intervals out of consideration for the safety of the fœtus and of the soft parts of the mother. Thus after a few minutes' application, the head advanced from the pelvic cavity and was distending the perineum when the electricity was withdrawn; but the impetus given the pains was such that strong counter-pressure was required to retard the now too rapidly advancing head.

Traumatic Tetanus

IN A CHILD OF FIVE YEARS—COMPLETE RECOVERY—TREATMENT, WITH EFFECTS OF REMEDIES.

BY GEO. C. PHILLIPS, M. D.

June 17th, 1884, I was called to see a little boy aged five years, son of a physician living in the lower part of this (Holmes) county, Miss. (He, with his mother, was on a visit to relatives at this place). Ten days previous, whilst playing on a rough floor, he ran a large splinter into his foot, which his mother supposed she extracted entire, thought nothing more of it, as he appeared well, only continued to limp a little.

Yesterday (the 16th) the family noticed that he was unable to open his mouth wide enough to take in solid food; neither could he chew—this was attributed to his cutting a molar tooth, as he said his jaws hurt him. This morning, being still unable to open his mouth, and complaining of stiffness of his neck, a physician was called in, who at once recognized the nature of the case, told the family "that he had tetanus, that his recovery was utterly hopeless, there being no cure for the disease." The family not being able to realize that so grave a condition could be hid behind such slight symptoms, had me called, with the hope that I would either disprove my brother physician's diagnosis, or if not, that I might know of some remedy to prevent the terrible result. I found the little fellow sitting in his mother's lap, and with the exception of an anxious expression of countenance, appeared as if nothing was the matter. On attempting to open his mouth, the lips were

drawn back from the teeth, which were clinched, giving the peculiar *grinrisus-sardonicus* of tetanus. The muscles of the neck were tense and rigid; the wound in the foot red and inflamed; under pressure, a little pus exuded therefrom. Thinking a remnant of the splinter must still be present to cause this condition of the wound, I administered chloroform, laid open the wound and extracted a piece of wood a quarter of an inch long, the size of an ordinary knitting-needle, from deep down under the facia of the ball of the foot, near the flexor tendon of the great toe; ordered a flax-seed poultice, wet with tinct. of arnica, applied to wound, and teaspoonful doses of Bromidia, internally, every four hours.

In an hour after recovering from the chloroform, he had a severe spasm, head thrown back, body bent, tongue severely bitten. Substituted chloral hydrt. for the bromidia. By night could take no medicine by mouth. Gave one quarter gr. sulph. morphine hypodermically, and fifteen grs. of chloral by enema, every six hours. This dose would control the paroxysms for several hours; they would still come on, however, as the effects of the medicine wore off, and with constantly increasing severity, until there was complete opisthotonos; this condition would continue for a few minutes, when relaxation would take place—all but his neck and jaws—and he would fall into a sound sleep, lasting for several hours, and from which he would awaken by a spasm. When quiet, a touch, a sudden noise or a slight current of air would often bring on a paroxysm; the limbs rigid, lips drawn from the teeth, body bent backwards into a bow, and generally screaming when the attack came on. A hypodermic injection of morphine—increased to one-third of a grain, would be now administered, and in twenty minutes fifteen grains of chloral by enema. This had to be done about every six hours, day and night. The room was carpeted, darkened, and talking above a whisper prohibited. Whilst fully under the chloral, he could drink liquids slowly.

On the 7th day the morphine and chloral appeared to utterly fail to relax, although two-thirds of a grain of mor-

phine, hypodermically, and thirty grains of chloral were administered within three hours. Tonic spasms of the entire body, skin hot and dry, temperature 102.5. His father remarked as I came in the room, "Doctor, his case is hopeless, the morphine and chloral will no longer quiet or relax him, and he has enough in him now to kill him." I dared not push these remedies further. After a short meditation, I proposed: "Suppose we try a hypodermic of pilocarpin; I never heard of its being used in a similar case, but I know it to be a powerful relaxant and sudorific; he will certainly die within a short time if his present condition is not relieved."

He consented for me to try anything. I administered an eighth of a grain of muriate of pilocarpin, hypodermically, a full dose for an adult. In five minutes he was thoroughly relaxed, bathed in perspiration, a profuse discharge of mucus flowing from the throat, and saliva from the mouth, pulse soft and quick. He soon dropped asleep, the opiates now taking effect; had no spasmodic contractions for eleven hours, sleeping most of the time. On the 8th day the spasms again refusing to yield to the chloral and morphine, gave a twelfth of a grain of pilocarpin, hypodermically, the effects not so prompt or decided as yesterday; relaxation coming on, however, in about twenty minutes, but gradual and not so complete as before. The secretion from bronchial tubes and fauces now become a troublesome complication; when awake the patient was making constant efforts to disengage, by pulling with his fingers, the thick mucous constantly forming in his throat.

From this time on he was kept under the influence of morphine and chloral—one-third of a grain of morphine hypodermically, morning and night, fifteen of chloral by enema every six hours. These doses now kept him quiet. His digestion was good; bowels and kidneys acted well all the time. He was fed freely with oyster and chicken soup, milk and boiled custard; gave no stimulant, no local application beyond the flax-seed meal poultice wet with tinct. arnica to the wound, the first two days. On one occasion tried bathing his spine with tinct. belladona, and

again with chloroform liniment, but had to desist, any friction, or even a touch, throwing him into a violent tetanic paroxysm. There was but slight fever at any time—the day that the pilocarpin was first used, the highest, 102.5.

He suffered greatly from itching, produced by the morphine. On June 29th, the fourteenth day of the attack, the paroxysms having become much milder and less frequent, directed the dose of morphine to be reduced with a view to stopping it. Through a misunderstanding it was stopped entirely for forty-eight hours; when he had a regular attack of delirium tremens—snakes, dogs and all kinds of horrible things after him, and wild with fright. His appetite gone, could not be induced to eat anything. Administered a third of a grain of morphine under the skin. After an hour, seeing no change from the morphine, gave teaspoonful doses of celerina every hour. After the third dose he became quiet, and went to sleep. The next morning was wild again; had to anæsthetize him with chloroform by inhalation, before he was sufficiently quieted to do anything for him; then gave a teaspoonful of celerina, with five drops McMunn's elixir of opium by enema. He now slept for several hours. The celerina in teaspoonful doses with two drops of the elixir of opium was now given every six hours by mouth.

On the 18th day of the attack, and 3d of the delirium, the latter passed off, appetite returned, wanted solid food, chewed a little chicken slowly; moves the body, head and limbs without pain. Only now and then a little tetanic contractions of the legs and back. Dismissed the case, advising all medicines be stopped. In two weeks was out playing, entirely recovered.

The principal points of interest in the case are: First, the prompt, powerful and favorable effect of the pilocarpin on the 7th day, when the morphine and chloral failed to relax; and second, the delirium tremens on the withdrawal of the morphine, and its prompt control by celerina.

EXTERNAL URETHROTOMY.

BY J. A. SHACKLEFORD, M. D.

CASE I.

R. M—, colored, age 32, married. Consulted me October 15, 1885, and gave me the following history: Has had gonorrhea several times during the past five years. Two years ago he began to have trouble in passing urine. Micturition was frequent and painful, and urine, always bloody, passed in drops.

His condition has gradually grown worse until now he is compelled to empty his bladder every few minutes. On examination I found a stricture in the membranous part of the urethra too small to admit a filiform bougie. I also found two strictures of large caliber in the pendulous portion of the urethra. On the 20th of October he was put in the lithotomy position, a steel sound passed down to the stricture, cocaine administered hypodermically as a local anesthetic, a free incision made in the median line of the perineum, and the urethra opened on the point of the sound. A filiform bougie was passed into the bladder, and on this as a guide, a Gouley's tunnel sound was passed. When the sound was removed half an ounce of thick pus was discharged. The strictures in the spongy portion of the urethra were divided with Otis' dilating urethrotome, the bladder washed out with a solution of boracic acid, a hypodermic of morphine administered, and the man put to bed. He could now retain his urine three or four hours without inconvenience. I passed a sound on the third day, beginning with No. 18 French

scale and gradually increasing to No. 34. The perineal wound was left to heal by granulation, and closed in three weeks. I continued passing the sound two months.

He came to me a few days since, reported his condition satisfactory, and I passed a full-sized sound (No. 34 French) without the least difficulty.

I am indebted to Dr. J. E. Halbert, of Mound Landing, for efficient counsel and assistance in the case.

CASE II.—OVARIOTOMY.

S. L., colored, age 30, married, the mother of five children, consulted me in November, 1884, for an abdominal tumor she had noticed three years before, and which had gradually grown larger until it would, at that time, have probably weighed forty or fifty pounds.

I pronounced it ovarian, and advised her to have it removed as soon as possible, telling her that it would certainly grow larger and delay would increase the danger of an operation. She declined to have anything done, however, and I heard nothing more from her until the latter part of September, 1885. Her husband then came to me and said she had decided to have me operate and wished it done without delay. I saw the case in October in consultation with Drs. J. E. Halbert, of Mound Landing, and S. A. Scott, of Arkansas. Judging from her appearance at this time the tumor must have been twice as large as it was a year before. She was almost helpless, it being with the greatest difficulty that she could get up when lying down. She had lost flesh and had a careworn look.

On November 1, with Drs. Halbert and Scott to assist me, she was put under the influence of ether, and I made an incision in the linea alba three and a half inches long, which I intended for an explorative one, but in attempting to open the peritonum with scissors on a grooved director, the sack, which was very thin, ruptured. I enlarged the opening in the sack, turned the woman on her side, and emptied the largest cyst, which contained five or six gallons of fluid. I then enlarged the incision, extending it from the symphysis pubis to a point half way between

the umbillicus and ensiform cartilage. I found the sack firmly adherent to the peritoneum, and it was with considerable difficulty that it could be pulled off, and on this account it took over an hour to complete the operation. There was considerable shock and whisky was freely administered hypodermically.

The pedicle, which proved to be a long one, was ligated with antiseptic silk, cut off, seared with a hot iron, and dropped back into the abdominal cavity. All bleeding was checked, a drainage tube put in, the wound dressed with iodoform and an antiseptic gauze, and covered with a layer of absorbent cotton, over which a bandage was applied. The tumor weighed 85 pounds.

She rallied from the effects of the operation, and for the first twenty-four hours everything went on satisfactorily. She took nourishment and stimulants well. Morphia was administered hypodermically. Her bladder was emptied every six hours with the catheter. At the end of the first twenty-four hours her temperature was 99 1 2 f., pulse 126, respiration 20. On the evening of the second day temperature 101 f., pulse 132, respiration 24.

At this time Dr. J. E. Halbert, who remained with the patient both as physician and nurse, suggested the use of some sedative to reduce the pulse. We decided on veratrum and digitalis, also opium by the mouth instead of morphia hypodermically. At the same time we aspirated the abdominal cavity through the drainage tube, drew off two ounces of bloody serum, and washed it out with a weak solution of carbolic acid.

Twelve hours afterward the thermometer registered 98 f., pulse 144. We discontinued the veratrum and opium, and resumed the morphia hypodermically. Twenty hours afterward the temperatnre was 99 3 5, pulse 144, respiration 18. The temperature did not again get higher than 100 3–4 until about six hours before death, when it suddenly rose to 103 f. At the same time the belly became tympanitic, and the pulse grew more rapid, reaching 160. She was conscious until the last moment. Death occurred on the fifth day, and was caused from shock brought on.

probably, by the sudden removal of so great a pressure from the heart by the laceration of the peritoneum, and the length of time required to complete operation.

I opened the abdomen immediately after death and found the wound healed by first intention. The pedicle was rounded off and plastic material had been thrown out around the drainage tube so as to completely cut off all communication with the abdominal cavity.

The intestines were distended with gas, and their serous covering showed that peritonitis had lighted up.

Ulcerative Tonsilitis.

BY B. F. DUKE, M. D., LAKE COMO.

In the discussion of this subject, the writer realizes the danger of falling into error and rendering himself the subject of adverse criticism. In view of this, he would bespeak a liberal share of that little-used covering known as the mantle of charity.

To deal with questions not well understood and which involve the existence of our fellow-beings must be a matter of no small import under any circumstances. The sense of responsibility growing out of this thought is intensified by the fact that this is to be done in the presence of a body so replete with scientific learning as you are known to be. The gravity and importance of the subject, the hope of eliciting information, as well as the desire to impart what I can, shall stand as my apology for this paper.

It should be premised that, except as regards its physical manifestations and treatment, my facilities for thoroughness of investigation have been quite limited, and this may to some degree account for the meagreness of the exhibit as seen from a scientific standpoint.

Failing to find in the books any satisfactory description of the disorder under consideration, I have, without any desire for originality, ventured to christen it as *ulcerative tonsilitis.* Let the name be new or old, correct or incorrect, I shall feel warranted in its use, presenting as it does the two leading characteristics of the affection, viz: ulceration and inflammation of the tonsils.

For a few years past, an occasional case has appeared

in my practice, but being so very mild and amenable to treatment, excited little more than a passing notice. In 1884–5, particularly the latter year, it was of such frequent occurrence and so violent a form, in certain localities, during the months of July, August and September, as to become alarming.

It should be remarked that it was confined strictly to children and young adults, not a case occurring, so far as I know, in a person over twenty-one years of age, while the great majority were under ten, a few being under one year.

As to its causation, I have not been able to arrive at any conclusion. Most authors begin the discussion of etiology with such expressions as these: Damp and impure air, unwholesome food, lack of hygiene, the effects of cold, etc. This stereotyping, the student of the above named disease, as it appears among us, cannot adopt. The fact is, it seems not to have been a respecter of persons, no class or condition affording immunity from its attack.

One may express his ignorance by saying, "it is climatic," another pass it to the large account of that imaginary entity familiarly known as "malaria," but even if these propositions be true, how little do we know.

The bewildering question arises as to what condition of the atmosphere or what shape of the protean poison is it that brings about this troublesome sore throat.

The microscope might possibly make some revelations with regard to the presence of certain organisms or structural changes, which would be of value, but I must say with regret that nothing on this score has been effected, for want of a suitable instrument.

The symptoms in the simplest form of the disease consist mostly of the ulceration, the gland showing no evidence of inflammation except around the edges of the ulcer.

During the late epidemic, I have, as a matter of sheer curiosity, examined scores of healthy looking children who had made no complaint and in whom nothing of the kind could have been suspected, and found the tonsil glands in this ulcerated condition.

In another class of cases, the tonsils are swollen somewhat, as in other forms of tonsilitis. In some instances, only one at a time; in others, both, and red. The affected gland presents, in addition to swelling and redness, one or more points of ulceration, having a coalescing tendency and varying in depth from the thickness of the mucous membrane to perhaps half the thickness of the gland, or more. These ulcers usually present the appearance of an elongated fissure, as is sometimes seen in ulcerative stomatitis.

This being the condition of the tonsil, there are, of course, pain, soreness and difficulty of deglutition. In many cases having the foregoing symptoms, no constitutional disturbance is noticeable throughout the attack, while in others there is more or less febrile excitement, furred tongue and constipation—diarrhœa being rarely present. Now, should the case advance, which they often do about the third or fourth day, all the symptoms become aggravated; the ulcers deepen and widen, until the tonsils seem in danger of being quite obliterated; the entire fauces are attacked and finally the larynx, trachea and nasal mucous membrane become the seat of the spreading inflammation. During this last stage, a pseudo-membrane is formed, not unlike that seen in croup and diphtheria, death ending the struggle by suffocation, very much in the same manner as in those diseases.

It would seem to differ from all the other forms of tonsilitis, in that it never culminates in abscess and suppuration, a fact probably due to the ulceration preventing the formation of a sac. From true diphtheria, in the manner of attack and in its usual tendency to recovery.

The symptoms toward the termination of the fatal cases impress me that it must be, to say the least, in some way closely allied to the latter disease.

In support of this idea, I have examined the few books at my command, and on page 398, *Dacosta on Diagnosis*, find the following, which would appear as of some significance on this point: "We occasionally find occurring in epidemics when the membrane is limited to the follicles

and chiefly to the tonsils, as the membrane passes away ulcerations are obvious. Swelling of the glands of the neck and fever, but not of acute type, attend this *ulcero-membranous* angina."

This author further states that it is "kindred to diphtheria, and in some instances difficult to discriminate;" and again, "whether there be not other kinds of membranous sorethroat to be separated from true diphtheria is a matter requiring further investigation."

Such are some of the remarks of the great diagnostician in differentiating between true diphtheria and other throat diseases.

Now, as might be inferred from what has been said, when the trouble is limited to the tonsils, there being no constitutional disturbance, the prognosis is as a rule favorable. In cases which pass beyond this stage the chances for recovery diminish *pari passu*. When the croupous or diphtheritic condition is reached, according to my own experience, confirmed by my neighboring physicians, not a single case recovered during the late epidemic.

Treatment.—If there is any means of prophylaxis, we have yet to find it out. In a case where the disease is purely local, and there is no indication for constitutional measures, we have but to touch the ulcers with a stimulant, as nitrate silver or sulphate copper (the latter being preferable), a few times, say three times daily for three or four days, using some astringent gargle frequently during the interim, and the ulcers disappear. I have found, however, that even these simple cases get along better, and get well sooner after the exhibiton of a dose or two of calomel sufficient to move the bowels, followed by a few doses of quinine. With reference to the more advanced and serious forms of the malady, I cannot better present this part of the subject than by giving one or two typical cases which occurred under my own observation.

CASE 1.

Buckner, R., *æt.* 21. Taken July 15th, 1885, with slight soreness of the throat, followed the next day with fever.

Saw this patient in afternoon of 16th. Temperature 103, pulse 120 and full, tongue furred and bowels constipated. Tonsil on left side much swollen, and presenting a large ulcer covered with a tenacious yellow secretion. Some external swelling. Patient anxious, and apparently alarmed at his condition. Removed the secretion, touched the ulcer with pencil of copper sulphate, and directed a gargle of alum, pot. chlor., glycerine and water. Gave also following constitutional treatment:

Calomel quinine āā grs. 2.

Camphor capsicum āā gr. 1.

every two hours until eight doses were taken.

17th. Temperature and pulse normal; bowels, skin and kidneys had acted well, and the patient expressed himself as feeling very well except his throat, which he said was worse than the day before. There was now greater swelling and more extensive ulceration, notwithstanding the constitutional improvement. Continued local treatment, the patient's mother adding pepper sauce to the gargle during my absence of two days.

19th. Ulceration deeper, the other tonsil ulcerated, uvula and half arches red and tumified. External swelling was very great, the skin hot and of a scarlet redness. Cloths dipped in cold water were now freely and frequently applied to the throat and jaws. The following powder was substituted for the gargle:

Borate soda, 1 part.

Alum, 1 part.

Pot. Chlor., 1 part.

White sugar, 3 parts.

Mix in fine powder, and applied by means of a spoon handle on root of tongue every two hours, the throat being sponged out three times a day with ten grain solution of the copper sulphate.

Under this treatment, with an occasional dose of castor oil, the patient made a good recovery. The thermometer showed no fever after the third day.

CASE II.

Susie C., *æt.* 4 years, taken September, much like the

preceding, but with less fever and external swelling. Saw her September 2. Temperature 101. Gave her calomel and rhubarb to move bowels, and one-grain doses of quinine every two hours. Touched ulcers with copper pencil and began the use of powder formulated in case No. 2. Cold cloths externally.

4th. Patient better every way; all the indications giving hope of speedy recovery.

5th. Ulcers on tonsils larger and deeper, the entire fauces inflamed. Local treatment continued, except that the cold cloths were left off, and turpentine liniment used instead. It was now evident that the vital forces were beginning to lower and must be supported. The following time-honored prescription was therefore brought into requisition: Tinct. iron, quinine, chlorate potassa, glycerine and water every four hours with suitable nourishment at each dose, and warm foot-baths night and morning.

7th. All the symptoms aggravated, patient much prostrated, skin pale and cool, breathing labored and hurried, nasal passages occluded so that the patient breathed altogether through the mouth, which was lined to the lips with false membrane.

But one horrible step now remained to be taken, and that was the work of but a few hours, death ending the distressing scene. It is proper to state that this patient was one of those children we occasionally see which no amount of persuasion nor force could induce to submit to treatment.

After the first twenty-four hours she became so absolutely unmanageable that I think her death should not be ascribed to want of virtue in the remedies tried to be used. This assertion is based upon two facts: first, while she could be controlled and the treatment properly administered, she improved; secondly, it was the only case lost out of about one hundred where the above local treatment was applied before the formation of the membrane.

Allusion is here made to the copper sulphate and the compound powder of potassium chlorate. This was the

first treatment adopted by the writer, and he has every confidence in its power of preventing the further advance of the disease, if applied in the manner indicated, before the inflammation passes beyond the tonsils.

COCAINE.

BY B. F. KITTRELL, M. D., BLACK HAWK.

At the last meeting of the Association, the Committee on the Selection of Special Medical Topics assigned to me as the subject of an essay to be read at this meeting, "*The Extent of the Benefits of Cocaine.*"

The therapeutic value of no other drug in the whole domain of Materia Medica has ever received such immediate and universal recognition. It has not only sustained the promise of its introduction into ophthalmic practice, but also, in an incredibly brief period, it has firmly established its reputation as the best local anæsthetic, of almost universal application, in our possession.

Cocaine is a crystalline alkaloid, which was discovered, in 1860, by Niemann, in the leaves of *Erythroxylon Coca*, having for its formula, C_{17} H_{21} NO_4. The preparation commonly used is the hydrochlorate or muriate, whose formula is that of Cocaine, with the addition of HCl. The Benzoate, however, on the authority of Bignon, is probably superior to all other salts of this alkaloid.

Coca leaves, from which this salt is prepared, come from South America—mainly from Peru and Bolivia—and has been reputed for many years to possess virtues as a nervous stimulant, with tonic and waste-restraining properties; as an antidote to the alcohol and opium habits, etc.

The Coca was the sacred plant of the Incas, and, from time immemorial, has been made use of by the Peruvians, who regarded it, according to the statement of Dr. Beugnier-Corbeau, as "a promise of life to the moribund, who could drink its sap; an incomparable viaticum to the traveler,

whose hunger it appeased; a cordial to raise the forces and revive the senses benumbed by the cold of the rugged winter; a source of sweet forgetfulness to the man harassed by chagrin; and a joy-producer to him who would taste the pleasures of love."

When Koller, on the 16th of October, 1884, made known to the Medical Society of Vienna the marvelous anæsthetic action of Cocaine on the mucous membrane of the eye, the "sacred plant of the Incas" at once assumed a prominence which has resulted in demonstrating it to be one of the greatest boons ever conferred on suffering humanity.

It would be interesting to follow the train of ideas which led Koller to his grand discovery, but as time and space do not permit, it must suffice to say that his success was chiefly due to a course of reasoning and experiment founded on the clinical observations of others on the local anæsthetizing properties of preparations of Coca when applied to the lingual and pharyngeal mucous membrane.

According to White, "its specific action in paralyzing sensation of mucous surfaces seems to be due to its stimulation of the vaso-motor nerves, causing contraction of the vessels of the terminal bulbs of peripheral nerves and diminishing their blood supply." After a solution of Cocaine has been in contact with mucous membrane about ten minutes, the mucous tissue presents a pale and contracted appearance, even if it were previously red, swelled and painful.

One observer states: "Although the primary effect of Cocaine on mucous tissue is to cause paleness and shrinking of the membrane, there is a secondary effect which I have observed repeatedly, but which I have never seen mentioned by any other writer. If the parts have been thoroughly anæsthetized, and especially if they have been kept in that condition for a number of hours by renewed applications of the remedy, there follows a considerable swelling of the membrane, which persists with more or less constancy for a day or two after the applications have been discontinued, and the subesquent hyperæsthesia may be found to be augmented." To this action of Cocaine can

probably be ascribed its failure, as will hereafter be noticed, to afford other than temporary relief in Hay Fever.

According to Dujardin-Beaumetz, "Cocaine has an evident action on the temperature, which it raises. It is, therefore, a hyperthermic agent. This action, however, is very variable, according to the kind of animal experimented on; for, while Cocaine raises the temperature in the dog, it lowers it in the monkey."

It is necessary to the induction of cutaneous anæsthesia that a solution of Cocaine should either be applied to an abraded surface or injected hypodermatically, because it cannot be absorbed through the skin, unless it is deprived of its cuticle. The anæsthesia thus induced is said to be limited to a small area, which "corresponds exactly with the portions of the derm which have been directly in contact with the solution of Cocaine." The strength of the solution usually employed varies from two to four per cent. (from 10 grains to 20 grains to the ounce of distilled water). It is said that the addition of boracic acid in the proportion of two grains to the fluidrachm insures sterility of the solution. There is some contradiction in the reports of observers as to the proper strength of the solution to be employed, some contending that a two per cent. solution is always sufficient, while others often find it necessary to use even a stronger solution than four per cent. It is stated by some that the drug frequently fails to give satisfactory effects when merely applied externally to other localities than the eye and the respiratory tract, and that elsewhere it should be used hypodermatically. The effect of the drug usually begins within ten minutes from its application, and lasts thirty minutes or longer. The dose ranges from one-sixth of a grain to two grains. Rigolet injected with impunity six grains in the veins of a dog weighing 36 pounds. The effect, however, seems to be somewhat variable and uncertain, for toxic symptoms sometimes follow the exhibition of even as small a dose as half a grain. These symptoms are usually syncopal in character, consisting of facial pallor, diminution or loss of pulse, profuse perspiration, coldness of the extremities,

and, occasionally, dyspnœa and loss of consciousness. Schilling records a case in which, after the intra-gingival injection of two drops of a twenty per cent. solution, motion and sensation entirely disappeared, and complete amaurosis and deafness ensued. Recognizing the condition as due to contraction of the cerebral vessels, he exhibited Nitrite of Amyl, and, after three inhalations, the face became suffused, and the patient (a woman) was entirely restored. Dr. Geo. T. Stevens reports a case in which violent convulsions, with extreme dyspnœa, set in about ten minutes after a successful operation upon a strong, but nervous, man in the prime of life. The patient became livid, unconscious, uncontrollable, and it was some minutes before it was possible to administer stimulants. The pulse seemed soft, small and regular, and beat about 80 a minute. The paroxysms of dyspnœa resembled rather laryngeal obstruction, but there was at the close of the paroxysms an extreme pain in the left arm, such as often occurs in *angina pectoris*. A half an hour elapsed before the patient was considered out of danger. Numerous reports of toxic effects, usually slight in character, are recorded in the journals. Dujardin-Beaumetz states that, in his experience, these accidents occur only when the patient is standing or sitting, and hence he takes the precaution to make the patient lie down when he administers the Cocaine injection. He believes that these occasional toxic effects are probably due to the cerebral anæmia produced by the action of the Cocaine upon the vaso-motor nerves, and that the more anæmic the patient is the more likely are these symptoms to supervene.

Dr. White says, in his Address in Ophthalmology, etc., before the American Medical Association: "As to the dangers and failures published by some authors, I am inclined to make light of them because of my own happy experience with the drug. The failures to produce physiological effects on the one hand, and the exaggeration of its effects (notably the case of Dr. Stevens) on the other, may have been due to an idiosyncracy against the drug. Moreover, in some of these cases, the symptoms reported

were only such as I have frequently seen from nervous shock after eye operations without narcosis. I have seen it used with great freedom locally in eye, ear, throat and nose affections, over one grain injected hypodermically, and know of a person who took five grains by the stomach at one dose, and have not yet encountered any of the reported constitutional symptoms."

With due precaution, Cocaine is doubtless safer than the general anæsthetics, such as chloroform and ether, and the proportionate number of accidents of a serious nature resulting from its proper use must be very small. It is important, especially in ophthalmic practice, that the solution shall be freshly prepared. McHardy states that it is not safe to use, in operations on the eye, a solution that has been kept longer than fifteen days, because older solutions, being impregnated with germs, are likely to induce panophthalmitis. As before stated, the addition of boracic acid to the solution is of great advantage. Other observers are not so confident that the excessive inflammatory reaction, sometimes consequent on the use of Cocaine in other than superficial eye operations, is entirely due to the character of the solution. Further experience and observation are necessary to determine this point.

The effects of Cocaine on the central nervous system are probably very correctly summarized by Dr. D. R. Brouer, in a paper read before the Chicago Medical Society, as follows :

1. Cocaine, in small or moderate doses, is a cerebral stimulant, but produces derangement of the digestive and assimilative functions, and diminishes the elimination of waste products.

2. The use of Cocaine in the alcoholic and opium inebriate is not satisfactory ; while it is a more or less perfect substitute, yet its use is attended with greater danger than alcohol or opium.

3. The use of Cocaine in mental depression, if we carefully guard against the depressing effects of the drug upon digestion and assimilation, will often give better results than any drug hitherto used.

4. The use of Cocaine in neurasthenia is a valuable addition to the treatment.

5. The drug, if administered in large doses persistently, causes a very marked deterioration of the central nervous system, producing a profound cerebral neurasthenia, and may produce such a malnutrition of the cerebrum as to develop insanity.

6. Cocaine, occasionally, in doses heretofore regarded as small, produces alarming depression of the central nervous system.

Just as alcohol, opium and chloral, on account of their narcotic properties, are habitually used by thousands, so Cocaine has already claimed numerous victims, whom it has rapidly reduced to mere mental and physical wrecks. So apparent has become this tendency to the formation of the Cocaine habit, that a bill has recently been prepared for introduction in the Legislature of New York, placing Cocaine on the list of poisons to be sold only on physicians' prescriptions.

It is not my purpose to enter into a detailed account of the application of Cocaine in ophthalmic surgery, because it would be a supererogatory task to recount what is so familiar to every one. Its use has been extended to the whole domain of minor surgery, wherever a local anæsthetic effect is required. It has been successfully employed in the removal of small tumors, in the opening of superficial abscesses and the extirpation of lupus; in the removal of ingrowing toe-nail; in pleurotomy, and in operations on the pharynx, epiglottis, larynx, urethra and anus; in various gynecological operations—in short, whenever it is desired to induce an anæsthesia of the skin and mucous membrane, which shall be complete, temporary and of little extent, Cocaine may be utilized with an effect that cannot be rivaled by that of any other known agent.

It affords great temporary relief in Hay Fever, but possesses no permanent curative value in this affection; indeed, it is stated that its persistent use tends to aggravate the disease and render it less amenable to treatment by other therapeutic measures.

Statements are contradictory in regard to its value in the treatment of the alcohol and opium habits. Weighing all the evidence *pro et con.*, I incline to the opinion that it should be very cautiously used in these conditions, lest its unguarded employment result simply in inviting another "devil" of more furious energy to possess the patient.

In conclusion, it may be asserted that, within less than two years, Cocaine has permanently taken its place as one of the most useful and potent drugs in the Pharmacopœia. The indications for its use have already been pretty thoroughly defined, and the limitations of its powers have doubtless been accurately ascertained. In "the extent of the benefits" which it promises to bestow on suffering humanity, it must be permitted to rank but a little lower than chloroform and opium.

REPORT OF A CASE OF GLAUCOMA.

BY DR. R. B. CARSON, OF DURANT, MISS.

Mr. President and Gentlemen of the Medical Association of the State of Mississippi:

I wish to present for your consideration to-day, a case of Glaucoma of the right eye. I have selected this subject for to-day, not that I am any specialist in eye disease, but because a case of this nature has recently come under my observation and treatment. This case has required a good deal of attention and care on my part. The patient is that of a man between the age of 50 and 60 years, the most common period of life for this disease. In this case one eye only is yet involved, but it is the history of this disease that sooner or later both eyes become involved.

The books report two forms of this disease, Glaucoma. In one, the outburst of inflammation is preceded by a long period of premonitory symptoms; in the other the attack comes on with startling suddenness. The case I present for your attention is of the first variety. During last year, 1885, there were intermittent attacks of dimness of vision. This patient, Mr. Howard, of Durant, Miss., would see well sometimes to the middle of the day, then in the evening objects would appear as if involved in smoke, and reading would become difficult or impossible. This intermittency of dimness of vision continued for the most part of the year 1885, without any apparent inflammation of the eye. A lamp or candle would appear surrounded with a halo, the print upon a page sometimes appear clear, at another a confused mass, unreadable. On or about the first of January, 1886,

inflammation set up in the eye and some pain attended it, which the patient attributed to "neuralgia of the face." He took of his own accord quinine, morphine and calomel, the usual prescription for neuralgias in this climate.

I may state here that a large part of last year, the patient spent in Yazoo Swamp looking after his plantation there, and no doubt became thoroughly impregnated with the malaria of this region. And I may state here further, that this disease of the eye seems to be a family trait in this family. The mother of the patient lost an eye during her lifetime, and a son of the patient, (now dead) lost also an eye from perhaps the same disease. There is some rheumatic taint in the family, though the patient has never suffered severely from this source. To return to the treatment of the patient by himself, no benefits followed to the eye from the calomel, quinine and morphine. I was sent for on the 7th day of January, 1886. On examination and inquiry, I suspected some disease of the eye. There was an uneven dull appearance of the Corneal Epethelium, which is invariably present in all advanced and confirmed cases of Glaucoma. Occasionally extreme paroxysms of pain would supervene which the patient would compare to the sticking of a knife through the eye. At the time I first saw him he was in one of these extremely painful conditions. I gave immediately half grain of Morphine and 1-120 of a grain of Atropia hypodermically, which caused in a few minutes a cessation of all pain. These injections had to be resorted to for several nights in succession. I noted that when these attacks of pain came on the eye was powerless to see. The patient could only discriminate light from darkness. I added to above treatment, arsenic, one-fifteenth of a grain; quinine, one grain; and iron, two grains, to be taken three times daily until further notice. I also ordered fly blister applied to temple over eye affected. This treatment seemed to benefit the patient. His general health improved and the eye appeared much less inflamed and less painful. A cold damp spell of weather about the last of February or early part of March put him back to bed again where he endured all his former

agonies. In addition to the treatment already given I ordered Atropia one grain to the ounce, a few drops to be used in the eye two or three times daily. This use of Atropia I will have occasion to refer to again before I end this report, since an article has recently appeared in the Journal of the American Medical Association which condemns the use of this medicine in cases of Glaucoma.

Having decided this case to be one of Glaucoma and incurable by ordinary means, I decided to take him to an oculist in New Orleans. So with this end in view we visited New Orleans on the 17th of March. I was not personally acquainted with the oculists of this city, so called upon my old and reliable friend, Dr. T. G. Richardson for reference. We were referred in high terms to Dr. E. Harrison of the city. On the first examination the Doctor decided it to be a case of glaucomatous nature. There was so much inflammation of the eye, however, that the exact condition of the optic nerve could not be discovered. With a view to allaying the inflammation and bettering the patient's general condition the Doctor then prescribed: Cinchonid Salicyl in five grain doses, to be taken every four hours, with also an application of mercurial ointment over temple. A four grain solution of Cocaine was also ordered, a few drops in the eye occasionally to relieve pain. The examination and treatment continued for nearly a week without any relief to the patient. An operation of some nature, either the usual one of iridectomy or total excision of eye-ball was necessary. The patient, from some real or supposed physical peculiarities, objected to the use of chloroform necessary to the operation at the time. He came home without any relief. He remained in bed in a dark room and used all the ordinary applications for inflammation of the eye without avail until the 10th of April, when he expected to return to New Orleans for further treatment and operation. I wrote to Dr. Harrison about as follows, on the 10th of April:

Dear Doctor—Mr. H. remains in about the same condition as when he left you. His eye continues inflamed and painful. He has used all the ordinary applications

for relief and has failed. He asks your advice in regard to himself. Would you advise his return to New Orleans for further treatment? He has perfect confidence in you, and wishes to hear from you."

Before I received an answer to this my patient had decided to go to Hot Springs, and I had encouraged him in the idea, not that I expected any permanent benefit to the eye, but I expected his general health to be improved. The answer of Dr. Harrison was written on the 14th of April, about as follows:

DEAR DOCTOR—Pressure of business has prevented me from answering your note sooner. With regard to Mr. H.'s case, I am pretty certain that medical means will do nothing for its relief. Absolute glaucoma of the most absolute and painful character is no doubt his disease, and the only remedy is the knife. Either the usual operation for this disease, [by which I suppose the writer means the operation of iridectomy], must be made, and in his case it is very uncertain of relieving, or the more radical and surer one of removal of the eyeball from the orbit must be resorted to. One thing is sure, if not removed very soon the painful dead eye will injure or destroy the good one."

The patient is now at Hot Springs, and for the present the matter ends. His object is to improve his strength, and, if possible, to allay the inflammation of his eye.

I promised in the first part of this essay that I would have something more to say about the use of atropia in this case. Dr. J. W. Thompson, of St. Paul, Minn., had an article published in the Journal of American Medical Association, in the issue of April 3, 1886, in which he compares the uses of atropine and eserine in opthalmic practice. In reference to glaucoma he says: "I do not call to mind any disease in the whole category of human ills concerning which there have been advanced so many vague speculations and meaningless theories. There is an increased intra-ocular secretion; a retention of this makes an increased intro-ocular tension. In the posterior chamber of the eye, the normal secretion is furnished by the ciliary bodies for the nourishment of the lens and its capsule. After its purpose is accomplished here it passes through the pupillary opening into the anterior chamber. It is

eliminated from there by the organs of elimination, and goes into the general circulation. When these organs of elimination become diseased and fail to do their duty, there is increased tension, one of the first symptoms of glaucoma. Increased tension cuts off circulation from the retina and optic nerve, and eventually blindness occurs."

Now the atropine, the doctor contends, this being a pupil dilator, forces back the iris into the angle of the anterior chamber, which is occupied by the organs of elimination. It causes the iris to act like a valve in closing them, thus destroying the equilibrium between elimination and secretion. Eserine is the remedy, he claims, for this condition of the eye. It contracts the pupil and thus draws the iris forward and relieves the organs of elimination.

He admits that atropine will diminish the healthy circulation of the eye, and it was for this purpose mainly that atropia sol. was used to retard the circulation, and thereby abate the inflammation, was the object of its usage. The fine diagnostic points made by Dr. T. in the use or disuse of this medicine can hardly be observed by the general practitioner.

Since the above was written I have received information from Mr. H., at Hot Springs. The physicians at Memphis and Hot Springs told him nothing would benefit him but an operation. So the operation of iridectomy was performed by an occulist at Hot Springs, under the influence of cocaine. No pain attended the operation. He suffered a great deal the night after the operation. The next day was quiet and easy.

I trust this may be the end of it. It remains to be seen whether this operation proves a success, or whether the eye will have to be excised at last.

Something may be said about my not prescribing cocaine in my first treatment. In reply to this, would say, that the patient had been using this before I saw him, and had tired of it. He had only used a 2 per cent. solution, which perhaps was not strong enough to be of advantage to his case.

The Use of Antiseptics in Obstetrics.

BY E. P. SALE, M. D., ABERDEEN, MISS.

It is well to state *in limine* that the subject of Antiseptics in Obstetrics is so indissolubly connected with the causes for their use, viz: the prevention or cure of puerperal fevers, and the latter's connection with septicæmia, that it cannot be treated of with any degree of thoroughness without referring to them to some extent, but I give the promise, however, that I will not invade the ground of others no more than can be avoided.

Assuming that the theory of sepsis and its dependence on the micro-organisms, together with its varied phenomena is well understood, I will endeavor further on to show the practical adaptability of antiseptics to the "lying-in condition," their influence in limiting the occurrence of puerperal fevers and the good effect in their treatment when they do occur.

It is well, though difficult, for one to have a well defined opinion as to the pathology of so-called puerperal fever, whether he is a follower of those who believe it to be a specific or essential fever like typhus or typhoid fever as does so eminent an authority as Fordyce Barker, or, that it is a manifestation or result alone of septicæmia, being *de facto* as surgical Septicæmia.

The last theory up to recent date had the weight of authority, and is yet believed by many leading obstetricians of whom we have in this country, Lusk; latterly, however, opinion is changing, and the theory of its pathology which is now becoming popular is, that it is probably due to a

toxæmia not typical with surgical septicæmia, as it is not entirely due to micro-organisms as the microbists believe, this toxæmia is of varied composition and takes on a livered hue, in some cases being of a malarious origin, in others, partaking of the character of the sepsis of erysipelas and other infectious diseases.

The most cogent argument against the lack of parallelism between puerperal fever and surgical septicæmia is found in "Barnes Obstetrics" in which the authors say "If we are asked what is puerperal fever? may it not be asked in return what is surgical fever? In winter is the fever a constant thing, there are varieties of surgical fevers as there are varieties of puerperal fevers. If it be contended that by surgical fever is meant septicæmia and nothing else, this is simply begging the question: we must still ask what is septicæmia? Septicæmia is a compound term. There is sepsis, the poison: there is the blood which receives the poison. Now if it be possible to show that the sepsis in two subjects are identical it would still be necessary to show identity or near similarity in the recipient's blood. The first term of the proposition is certainly not proven, the second is certainly not true. This theory, then, like that of the microbists, is too absolute and exclusive. It may account for a large number, perhaps the greater number of cases in lying-in hospitals, but it does does not account for cases beginning before there is a wound nor for the propagation to non-puerperal women.

As an advocate for the exclusive septicæmic theory we have Lusk, and is the next most recent English writing obstetrical author who remarks in discussing the "Nature of Puerperal Fever:" "It has now passed beyond the domain of dispute that puerperal fever is an infectious disease due as a rule to the septic innoculation of the wounds which result from the separation of the decidua and the passage of the child's head through the genital canal and in the act of parturition." Further on he also says: "The question of the identity of puerperal fever and septicæmia is largely one of definition."

It is barren of practical result as well as quite a con-

sumption of time to quote more authorities than is necessary to show some of the latest views of this never has been settled subject, the pathology of puerperal fever. for as Fordyce Barker in his work on "Puerperal Diseases" says that "Very much more has been written on this, than any other disease. I find that more than twenty thousand pages have been published on this subject within the last twenty years, and a complete bibliographical catalogue of all that has been written on puerperal fever would fill many pages of an octavo volume; and I will venture the assertion that more has been written in the twelve years succeeding the publication of his book, than in any same length of time preceding it.

But that which I am now especially connected with is the use of "Antiseptics in Obstetrics" and in favor of their use I am pleased to observe an unanimity of opinion amongst the various theorists; even Fordyce Barker forms a part of his treatment with them though it illy accords with what he expresses in paragraph 2 in his "Confessions of Faith;" in this he says: "The symptoms of this disease are essential and are not the consequence of any local lesions, and it is as much a distinct disease as typhus fever, typhoid fever or relapsing fever."

Before proceeding further, however, I again present myself as an apologist for trenching in ground beyond my domain, but my subject is a broad one; it not only necessitates allusion to the pathology of puerperal fever as before mentioned, but also the general case of the *puerpera*. I have held the belief for many years that the patient belongs as much to the physician a month before as the month after her confinement; this pre-parturient period should be used in correcting deviations from her normal condition, especially in looking after the eliminating organs and noting the condition of the blood and nervous system. By non-attention to these, a condition of reciptivity is engendered which need but slight local causes to develop puerperal fever.

As to the technique of the application of antiseptics in the prevention and treatment of puerperal diseases, we find,

as might be expected, methods peculiar to each practitioner. To give in detail these several plans, which, though they have the sanction of high authorities, would swell this paper to proportions unendurable to my auditors, therefore in the interest of brevity I have thought it well, disclaiming at the same time any savor of egotism, to describe the plan I have adopted for some time past with satisfaction; this has resulted from the recorded views of others, combined with personal experience, and is as follows:

During a visit paid within the last month of pregnancy the patient is advised to use a lounge for her accouchment, the slats of which, together with the inside railing, should be washed in a solution of concentrated lye and afterwards rinsed in a hot solution of mercuric bicloride in strength of 1 to 1000 parts, provided it has previously been in use; if it has not been, the mercuric solution alone should be used. A cheap and comfortable mattress newly made of cotton and shucks is to be fitted to the lounge and the bed-clothing which are to be used should all be laundried afresh and exposed freely to the sun for a week or more previous to their expected use; the sheets used in ordinary preparation of the lying-in bed, the one of which is folded and placed under the hips, should be, after washing, rinsed in a hot saturated solution of boracic acid; this is allowed to dry on it and it should afterwards be ironed in folds of the usual size. The napkins are to be treated in the same way as the sheets. The family are requested to furnish the following articles: A new nail brush, a strong quality of carbolic acid soap, two ounces of Calvert's No. 1 carbolic acid, one bottle of Wyeth's mercuric bicloride tablets, two large packages of borated cotton, an antiseptic ointment of mercuric bin-iodide in vaseline, in strength one part to 5000 and a fountain syringe of the capacity of two quarts. The entire cost of this outlay is about four dollars and fifty cents ($4.50); leaving out the syringe, which the accoucher frequently furnishes as a loan, it is reduced to two dollars (2.00); this amount puts them in reach of all.

On the first manifestation of labor commencing, the patient is instructed to bathe in warm water strongly im-

pregnated with carbolic acid, and the genitals to be washed well with carbolic acid soap. The accoucher on receiving the summons to attend the patient should change his clothing, provided he has been attending any infectious disease, some change anyhow, which I think is preferable. Soon after asking the routine questions on his arrival, he should wash his hands with carbolic soap, using the nail brush freely, and then rinse them in a 1 to 1000 solution of mercuric bichloride, allowing them to dry without the use of the towel. The examining fingers are then smeared with the antiseptic ointment and the first examination is made. In subsequent examinations, which should be as few as possible, the hands should always be dipped in the antiseptic solution before touching the soft parts of the patient. Soon after completion of labor, the discharges around the patient should be removed, the vulva wiped off with a warm solution of boracic acid or hydro-napthol. (this last named new antiseptic, I might remark, particularly, is to have a brilliant future, I predict), a well warmed sheet prepared with boracic acid, as before described, is placed under her, and the genitals to be annointed with the antiseptic ointment, after this, the soft parts are to be covered with boracic absorbent cotton, which is kept in place by the napkin, this last named article is pinned to the binder in front and behind.

The subsequent management is the bathing and redressing the genitalia every four to six hours, according to the amount of flow of the lochia. After the third day these attentions will not be required oftener, as a rule, than twice in twenty-four hours, unless there are lacerations. These necessitate frequent changes. It is customary with many obstetrical authorities to advise an antiseptic vaginal douche as routine practice, to be continued throughout the puerperal condition, and some go still further and direct antiseptic intra-uterine injections, *e. g.* Barnes. After an extended trial I am constrained to believe them unnecessary except where the lochia is offensive, and they are regarded as not being entirely without danger. It is with gratification that I notice the same views are held by Dr.

Fay, of Washington, in an article which I have read since commencing this paper, published in the April, 1886, issue of the American Journal of Obstetrics.

It is unnecessary to occupy your time by quoting statistics to show lessened mortality in child-bed fevers since the introduction of antiseptic midwifery, for recent obstetrical literature abounds with them, but it is sufficient to state that the most recent table I have seen shows the remarkable decrease in death rate to two in a thousand. In conclusion I wish to say to those of you whose minds are as yet unprepared to accept this innovation in obstetrical management that I, at one time, was one of you, regarding it somewhat as an obstetrical craze fashioned after antiseptic surgery, which had been seized upon by the too theoretical obstetricians, but after an unprejudiced experience with it, I am now too well satisfied with results to abandon it, and in the long run of obstetrical work it saves a vast amount of trouble and time, as well as many precious lives.

MALARIAL FLUX.

BY E. L. M'GEHEE, M. D., WOODVILLE.

The potent enemy of mankind, *Malaria*, manifests itself in many ways. As a rule, it is promptly recognized; but in the form of flux, it presents itself in the garb of dysentery or chronic enteritis, for which it is likely to be mistaken; hence the etiology, differential diagnosis and treatment of malarial flux is the design of this paper. The conclusions are based upon notes of thirty-seven cases carefully kept.

Like other forms of chronic manifestations, this disease is generally seen in those who live in malarial districts, and are said to be acclimated, yet in them the apparently latent poison is constantly producing deleterious changes. In the blood, the white corpuscles increased, the red decreased, and there is a diminution of albumen and fibrine factors. The parenchymatous changes in internal organs, especially in the spleen and liver, are similar to those met with in continued malarial fever—they become enlarged and soft, in some cases all tissues become stained with bile. There is a catarrhal inflammation, without ulceration of mucous membrane of bowel, with an efflux of a great quantity of mucous and blood, without pus and comparatively little serum. The integrity of the mucous membrane is sometimes impaired, and flakes of it are cast off, yet perforation of bowel we have never known.

Though the thermometrical record does not show the marked periodicity that is characteristic of malaria, and of so much diagnostic value, yet remember it is not pathognomonic, for regular exacerbations and remissions are

found in other diseases, as septicæmia and phthisis. In all chronic forms of malarial attacks periodicity is always less, and doubtless the flux modifies the temperature.

The following facts, we think, justify us in considering malaria the cause:

First. It is met with in malarial districts.

Second. It is met with at the season of the year when temperature is high and malaria rife; cold promptly checks it.

Third. Generally anti-hygienic conditions surround the patient—bad sewerage or bad water.

Fourth. It is non-contagious; often several cases are seen in same family, but all breathe same air, drink water from same source, and their hygienic surroundings are identical. It is never propagated by personal contact or morbid excretion.

Fifth. The alkaloids of Peruvian bark certainly have a beneficial effect upon the disease, maybe not always curative, nor is it in remittent or typho-malarial fevers.

We do not believe in the amalgamation of typhoid and malarial poison producing malarial flux or typho-malarial fever, but consider both due purely to malarial toxemia—Some certain atmospheric, anti-hygenic condition present may determine the type, and develop a typhoid, scurvy or dysenteric train of symptoms. The true characteristics of these forms of malarial attacks may be more distinctly seen in the beginning. The administration of quinine modifies the symptoms and thus masks the disease.

Symptoms.—Malarial flux is generally ushered in by a chill, followed by a continued fever, ranging from 100 degrees F. to 103 degrees F., may reach 105, usually little higher in evening; complexion yellowish cast; excretions scanty, notwithstanding intestinal disturbance and frequent stools, which begins early in the attack. Tongue at first is large and flabby, covered with yellowish-white coating; later it becomes red, fur collecting in centre, which becomes dark or brown. In severe cases, it sheds the epithelium, coat cast off and tongue becomes shining and dry; sordes collect on the teeth.

We feel confident in the opinion, though the prostrated condition of patient and gravity of disease have always prevented us from verifying it, that should quinine and other antipyretics be withheld, the thermometer would show a marked tendency to periodicity.

These frequent discharges continue two or three weeks and convalescence is tedious. We have not found the urine albuminous. Headache, irruption, delirium, tenderness over right illiac region, epistaxis, a gradual invasion, symptoms that would indicate typhoid fever, are wanting. Peculiar odor of the scybalæ at beginning, and later purulent, greenish discharge are wanting that are usually found in dysentery; nor is tormina tenesmus so prominent; the abdomen not so tympanitic and tender. The absence of pus in the evacuation is also a valuable point in differential diagnosis.

Prognosticating should be done cautiously, for the average duration is about four weeks. Should no complication arise, temperature remain low, though the odorless muco-sanguineous discharges be one or to every hour for ten or fourteen days, we need not despair. The character of prevailing fever will influence us in making up prognosis in any case.

From the cause that I have endeavored to ascribe this disease, the treatment may be anticipated.

Remove the patient from anti-hygienic locality where the disease was contracted. If this be impracticable, pure water at least can be provided, by simply boiling, then reduce to the desired temperature all that is drank. The custom of getting water from the nearest place—it may be a periodical spring, fed by a superficial vein—is a fruitful source of malarial infection in the Mississippi valley.

Though quinine will fail to at once cure this disease, as it does in other forms of continued malarial fevers, yet it will hinder its progress, shorten its duration, and it should be administered from the beginning to the end of these attacks.

Here we should give it for its effects and not be satisfied till our patient shows signs of chinchonism. The hypo-

dermic mode of administration is especially advantageous, for during the flux the alimentary canal does not absorb and assimilate readily; hence we may be greatly disappointed with the internal use. To dissolve quinine increases the probability of it being absorbed, and this should be done whenever its prompt effect is wanted.

It is good practice to administer a purgative at the commencement, preferably a mercurial or ipecac, to remove excess of bile, disgorge portal circulation and any undigested food that might possibly be retained, and restore secretions. The discharges should not be suddenly checked with opiates and astringents, notwithstanding some good authorities advise it. The discharges are exhausting, yet it seems to be one of the avenues by which nature eliminates the materies morbi, as in the diarrhœa of typhoid fever. To stop the secretions with opiates temporarily relieves, but in the end positively injures, for with the excretions the poison is locked up and increases in virulence. Let the least amount of opiates that will relieve pain be used in all forms of malarial disease.

Bismuth sub-nit., which acts mechanically and is an absorbent, combined with Dover's powders, which, though an opiate, contains ipecacuana, an excellent cholagogue and stimulant to secretions, are therapeutic agents of great value in controlling the discharges.

Stimulants are generally needed before this prostrating disease ends. Small doses of alcohol, (not whisky, which is an uncertain compound,) digitalis and belladonna, oft-repeated, are chief remedies relied upon. Dietetic rules should be scrupulously observed.

DYSENTERY.

BY W. H. WHITE, M. D., BRANDON.

It is not to be expected that I would attempt an exhaustive paper on this subject for the reason that only those having access to a large hospitals, or having in charge large bodies of men, have opportunity for observation, or the gathering of statistics of a character to confer scientific value upon their writings. For the same reason I do not see fit to discuss questions pertaining to the etiology, morbid anatomy, or any general proposition relating to the disease, and for the additional reason that the present status of medical information on those features has been brought out and ably elucidated by recent writers, and notably by Surgeon J. J. Woodward, of the United States Army in the second volume of the Medical and Surgical History of the War, and by James T. Whittaker in Pepper's System of Medicine, volume second, only recently issued; and I would especially commend to every fellow of the Association, (if you will pardon the liberty,) if there be any who has not already done so, the careful reading of this most classical and admirable article of Whittaker.

With these preliminary remarks, I shall proceed, confining myself to my own restricted observation of the disease, as it appeared at and around the village of Fannin, Rankin county, in the months of June and July, 1884.

Fannin is situated upon a high range of hills, at a distance of one to two miles north of Pelahatchie creek, a stream which is bordered by a large swamp, and some three or four miles south and southeast of Pearl river. The valleys of these two streams converge, so that not far from the village a junction is formed.

Thus Fannin is bounded in every direction, except on the east, by a closely proximate swamp.

Upon a high hill in the village, and not far removed from a number of residences, is situated the cemetery, which has been in use a great number of years.

Upon inquiry, I learned that the soil reached in digging graves is exceedingly porous, and that it is a frequent occurrence for water to sipe into them before the body can be deposited.

On the side of this hill are situated wells from which several families obtain their supply of water for drinking and other purposes.

The greatest fatality was in this immediate vicinity. That the water in these hills was contaminated, I have scarcely a doubt. Upon visiting the locality for the first time, I regarded the water as a suspicious agent; if not causative, at least aggravating the malady, and so advised those who sought my counsel, and at the same time suggested that if they could procure water from no other source, that they boil and filter what they drank taken from these wells; but the people were incredulous as to the agency of the water in the fatal drama, and as usual paid little heed to the admonition. Impressed with the conviction that the water must be a factor, we procured samples from two of the wells and had them tested by the skillful druggist and chemist, Mr. Wm. M. Thornton, of Brandon.

Applying the permanganate of potassa and silver tests, our suspicions were strengthened, and a portion was then put over the sand-bath and evaporated.

As the water began to lower, a thick, gelatinous deposit was observed on the sides of the porcelain dish, and when it was entirely evaporated, the application of heat to the residuum sent forth an exceedingly foul odor, which Mr. Thornton, Dr. McLaurin and myself agreed in believing to be distinctly cadaverous.

My own impressions are, that while the drinking water, holding in solution, as we think, decomposing animal organic matter, may not have been the cause of the epi-

demic, yet it played an important part as a superadded poison, causing the intense virulence of the disease. It might be well, in this connection, to recall the fact that the finding of the commission sent to examine into the causes of the epidemic of dysentery occurring in portions of Kentucky, Ohio and West Virginia, in 1885, was that the disease was set up primarily by the use of impure drinking water.

A marked feature of this outbreak at Fannin was the excessive gastric irritation, in most cases causing such distressing and irremediable nausea and vomiting as to absolutely forbid the administration of any remedies *per orem*, and continuing in the face of every effort for their relief till the patient was on the verge of collapse.

Various lines of treatment were pursued by the different medical attendants, but that which seemed to yield the best results, or at any rate to be most grateful and pleasant to the patient, was the free use of opiates, ice at will, wet compresses to the abdomen, and thorough irrigation of the large intestines, and, of course, absolute rest.

I have, I think, seen excellent results, during the year just past, from the use of alum added to the injections; and the fact that it is innocuous should give it preference over either silved, bichloride of mercury, zinc or lead.

Should I again be brought in contact with the disease in such virulent manifestation, and especially attended by obstinate and persistent nausea and vomiting, and in which the ejecta were composed chiefly of viscid, glairy mucus, I would be inclined, in addition to other means, to administer belladonna freely. This I would do on account of the extraordinary results reported from its use in cholera infantum. But the main reliance must be placed upon the judicious use of the various preparations of opium, coupled with careful, thorough and frequently repeated flushing of the large intestine with cold water enemas.

Some years ago, the lamented Flint instituted a series of experiments, at Bellevue Hospital, in the treatment of the non-specific or catarrhal form, by a method he designated as that by "rest and position." He required a num-

ber of patients suffering from the disease to remain in bed in a state of absolute rest and recumbency, and administered no medicine whatever, save some inert fluid as a *placebo*. Then, taking an equal number upon whom he did not enforce rest, he gave the usual remedies, comparing results. His conclusion was that the former recovered as early and suffered little more than the latter. This plan, however, relates only to a mild form of the disease, and should not obtain in the management of epidemic dysentery.

We occasionally witness the supervention of symptoms in convalescent cases which "turn our joy into mourning." A patient is seized with severe abdominal pain, chilliness, then high fever, soon followed by tympanitis and a speedy termination of life. What has occurred? Has perforation caused peritonitis? If so, it argues that we should keep the patient under observation longer, restricting the diet as to quantity, and prescribing its quality, and keeping the evacuations soluble to prevent the formation of scibalæ, which, by causing straining at stool or by pressure against an attenuated bowel, might produce perforation.

Sudden rising up or change of position should be prohibited for the same reason, and also for the reason that the condition of the blood makes the formation of heart clot a not improbable complication.

A more common method of relapse is by the setting in of symptoms pointing to pyemia; and in this connection I would remark, that, in my opinion, the use of the large enemas should be persisted in till all evidence of pus or muco-purulent matter have disappeared from the dejecta —not, of course, so frequently, but say once or twice in the space of a day.

Ipecac, in large doses, deserves trial, and where the irritability of the stomach prevents its administration *per orem*, the hypodermatic injection of the fluid extract would be advisable.

A Case of Opium Poisoning.

REMEDY SULPHATE ATROPIA ADMINISTERED HYPODERMICALLY.

BY T. T BEALL M D. VICKSBURG

Laura, a mulatto women 20 years of age, in a fit of desperation from disappointed love, sought relief by suicide. July 1, 1885, at 6 P. M., she drank, what proved on subsequent examination, to be two ounces of a good article of laudanum. I reached her at 8 P. M., and found her breathing stertorously, deeply comatose and utterly insensate. Pupils were contracted to a mere point, pulse full and about 50 per minute. In half an hour or less my prescription was ready, containing 1-12 grain sul. atropia to every 10 minims of water for hypodermic use. Repeated the dose (1-12 grain) in twenty minutes and again in twenty minutes more; in 30 minutes more the fourth dose.

Between the third and fourth doses, the pupils became considerably dilated and the iris slightly sensitive to the light of a lamp held immediately in front, and the orbicularis muscle somewhat resented contact of the finger with the eyeball. She would now flinch a little from a hard pinch.

The same doses continued to be repeated every half hour until midnight. At this hour, there being no material change for the better as compared with her condition at about 9 1-2 and 10 o'clock, I doubled the dose. She had now taken in all one grain sul. atropia hypodermically. At 10 o'clock A. M., she suddenly sprang up to a sitting posture in the bed, stared wildly around, muttered unintel-

ligibly and made movements as though wanting to get out of bed. Left to herself for a few moments she would relapse into the former profound sleep in the semi-erect posture, the head falling forward. This springing up in a wakeful delirium occurred several times during the next few hours. It was noticeable that *pari passu*, with the progressive dilatation of the pupils, the pulse became more frequent and less full and resistent.

From this hour (1 P. M.,) she was generally capable of being aroused momentarily by head slapping, and this was resorted to every half hour. The patient seeming now upon the borderland of consciousness and the pupils widely dilated, the opiate having apparently done its worst, while the atropia had not yet, perhaps, attained the full measure of its toxic power, I concluded to treat with caution the remainder of my way. She was administered but one more dose (1-12 grain,) and that at 3 A. M.

At 5 A. M. the patient still slept, when undisturbed, but could be aroused to consciousness for a brief period at a time with comparative ease. I now left her, but returning at 7 1-2 A. M., I learned to my chagrin that some of her colored friends had taken it upon themselves in my absence to remove her to a relative's, a full half mile away. Two had taken charge of her, one on each side, and they had almost literally dragged her that distance. I found her at her new quarters half an hour after her arrival there, conscious but stupid and morose, and exceedingly prostrate as the result of her recent rough experience. Her urine was drawn off and 10 grains calomel given, to be followed in three hours by one drop doses of croton oil every half hour until bowels moved. This occurred after second dose. She suffered for twenty-four hours from anorexia and severe headache, but under bromide potash and rest, became herself again in a few days.

REMARKS.

I eschew as useless to our present purpose all speculation as to the ultimate cell changes effected in the nerve tissues, either by opium in poisonous quantities, or by

atropia in its therapeutic relation thereto. Is belladonna or its alkaloid a true antidote, and how far may it be safely pushed when administered in such a character? These are the questions which practically concern us, and for the answer to which we can look alone to chemical data. What answer, then, is rendered by the phenomena furnished by this case?

The first of a series of those sudden rallies before alluded to from the deep coma into the wakeful delirium, and from the limp, recumbent state into the semi-erect posture, this first approach to indications of conscious life occurred, it will be noticed at 10 A. M. Under no circumstances could it be reasonably supposed that even had she ultimately survived, a spontaneous reaction would have set in within seven hours after swallowing so enormous a quantity of the poison. This becomes all the more unlikely when we consider the condition of total insensibility in which the patient was found only two hours after taking the draught, a circumstance suggestive of her extreme susceptibility to the drug, and a guarantee of the predestined intensity and persistence of its toxic influence. As the manner of death by opium is that of absolute torpor of all the nerve centres, so in those fitful ebullitions of life activity we behold a strange, an almost wierd, manifestation of a reactionary tendency, occurring in the midst of a profound coma. We see, I repeat, in this extraordinary phenomenon, the evidence, as I take it, of an antidotal power at work upon those obtunded, oppressed centres, and this could have been nought else than atropia. Each of the physical effects referred to was attended with a very feeble and accelerated pulse, betraying an actual prostration of the vital forces, unobservable while the body lay outstretched and still. The quick response of the heart to every sudden exertion was in singular contrast with the respiration, which, equally under corporeal movement as in a state of rest, maintained unbroken its slow, deep-measured cadence. It became, hence, apparent that the organic nerve centres controlling the cardiac movements were less dominated by the opiate than were the respira-

tory centres, or rather it should be said that when peril to life has become extreme, as the result of the opium poisoning, that drug has less power over the cardiac centres than over the respiratory to force from them a false coloring of the actual situation.

The display of cardiac weakness before noted must be taken as the expression and the measure of systemic exhaustion. It is an interesting question, What responsible part, if any, in this is borne by the atropia? An answer to it would cover the important inquiry, How far may the antidote be safely pushed? Do the two poisons, or not, act wholly in opposing directions, so that there can come no danger from one while the other is in the ascendancy? I confess to the want of more light here.

But to the extent of the light furnished by this particular case I do not feel so much at a loss.

That the atropia acted from the first as an *excitant* or *stimulant* of the cardiac centres, there was sufficient evidence. That the exhaustion of these centres later on, or of the vital forces as a whole, as indicated by them should have been due to the same agent, it does not logically follow. Observers testify that a rapid and feeble pulse enters into the symptomatology in the last stage of all fatal cases of poisoning by opium and belladonna alike. As the patient's permanent return to rationality and to convalescence came at a time when the toxic effect of the atropia, which would have included delirium, would presumably have been at its height, but for so much of its force expended, so to speak, in its contest with the opiate, the conclusion is fair, I think, that its physiological action, whatever that was, must, upon the whole, have been in the way, not of the destruction, but of the conservation instead, of the vital forces, and that, therefore, the underlying prostration which a little physical exertion unmasked in the early hours of the morning, was due to the laudanum draught, and was in the direction of the suicidal death invoked by it.

The principle upon which treatment of opium narcosis by atropia is based being that of physiological antagon-

ism, the question arises, When shall we know when we have reached the equilibrium line, beyond which to go, would be simply to supplant one poison by another equally virulent? For an answer to this question, we have but little experimental data to rely upon, but with the little we have, with reason and analogy to aid, it may at least be premised that when the narrow contraction of the pupils shall have given away to complete dilatation, then, unless cerebral effusion shall have previously occurred, our patient may be regarded as well advanced towards that safety line, and that caution in the further exhibition of the antidote should thenceforth govern.

LACERATED CERVIX OPERATION.

RELATIVE MERITS OF SILK AND WIRE SUTURES CONSIDERED.

BY T. T. BEALL, M. D., VICKSBURG.

I was called to see Mrs. I. A. in June, 1885. Her history is as follows: The lady is 34 years of age, of slender build; weight, in good health, 125 pounds; was married at 19; has had four children, all at full term, the last being five years old; has had no miscarriages; recoveries from three first confinements good; enjoyed good health before marriage, and since, until the last confinement. In this she was bedridden for several months. Illness characterized by a fevered condition, and by pains and weakness referred to hypogastric and lumbar regions. Both breasts, which in former confinements had furnished abundance of milk, soon dried up in this, so that child had to be raised on the bottle. Never was well after getting up; pains and dragging sensations in the back and loins; weakness and numbness in lower extremities; painful micturition at times; colicky pains in bowels, and nervous excitability, co-existing or alternating in greater or less degree during these five years following the last birth. For the previous six months especially, she has been a great sufferer in the above particulars. During this period, and occasionally before, she has been treated for supposed "disease of the kidneys and bladder," but has continued to grow worse.

When first seen by me, she wore a pale and haggard expression. The recumbent position alone procured any respite from the pelvic and lumbar discomforts and the

nervous distress, which had become intolerable whenever she attempted to go upon her feet. Menstruation was irregular, and leucorrhea abundant.

The protracted illness in her last confinement, the early drying up of the breasts, contrary to former precedents and without obvious cause, the pelvic and lumbar uneasiness from that time forward, the leucorrhea, the frequently recurring gaseous distention of the intestines, the nervous derangement, and the barrenness which ensued, suggested at once uterine trouble of some sort, having its origin in her last confinement.

A vaginal examination was made at once, and verified this suspicion. It revealed a uterus retroverted, enlarged, and in a degree prolapsed—an inflamed and hypertrophied cervix as large as a lemon, and so dense by the progressive organization of plastic material, that, in its feel and its resistance to the bistoury, it resembled semi-calcified cartilage. It was eroded and everted, bathed in pus and in tenacious mucus, which issued from the cervical canal, and its thickened and hardened lips measured, each, in its semi-circumferential outline, an inch and three-quarters. These spread-out lips, with their eroded and everted lining, formed a flat objective of fully an inch and a half in diameter, and pressed hard upon the vaginal walls when the patient was erect.

This was a case of bilateral laceration of the cervix through one-half to two-thirds of the original organ. Laceration of the perineum also existed, extending quite to the sphincter ani, but not involving that muscle.

I began at once to prepare the patient for a lacerated cervix operation, leaving that for lacerated perineum to some subsequent period. The general treatment embraced tonics, judicious dieting, and mild intestinal laxatives. The local—scarifications once a week for several weeks, with the double purpose of local depletion, and of liberating encysted mucous glands—in the application twice a week to the eroded surfaces, of Battey's solution of carbolic acid and iodine, alternated occasionally with acid nitrate mercury, and with iodoform, and three times a day

in the hot-water vaginal douche. In addition, I injected deeply several times with the hypordermic syringe, at intervals of a week, at several points each time, a few drops of the following, so much lauded by Dr. Jno. M. Bennett, of Liverpool, as a means of reducing bulk and hardness in the hyperplastic cervix, to-wit: iodide and bromide potash, each 20 grains, tinct. iodine half a dram, water two drams. The tissue was with great difficulty penetrated by the needles, and several of them were badly bent in the effort. So solid and impermeable was the structure that the injected fluid, so far from becoming disseminated, to act, as was intended, as a diffuse stimulant to the absorbents of the cervix, seemed scarcely to pass beyond the track made by the needles, and its action was that of a circumscribed escharotic, the little sloughs from which, owing to the depressed vitality of the part, was exceedingly tardy in disappearing.

After two months' perseverance in this line of treatment, there seemed to be reached the highest degree of improvemenf attained by these means. Her comfort and general health had been much promoted, and the cervix considerably reduced, but still very large and hard. Eversion continued, the erosion had never wholly disappeared, and glairy mucus, in diminished quantity, still issued.

At this juncture, on August 20, assisted by Drs. Edwards and King, of this city, I operated. Sims' left-side position was chosen, and a wide-bladed, shallow-cupped speculum, a modified Sims'. A 5-per cent. solution of muriate cocaine was freely applied to the cervix with a camel's hair pencil, beginning twenty minutes before the operation. This produced a very perceptible deadening of the sensibility, lasting pretty well through the *cutting* part of the work. Several strong whisky toddies were also given, in lieu of morphine, which she cannot tolerate.

A considerable slice of the hypertrophied structure was taken off each lip, by means of a pair each of the knee-bent and flat-curved scissors, interchangably used, the finishing up in the angles being done by Emmett's ball-and-socket uterine knife.

A preparatory step in the operation was the passing through the apex of each lip a strong, fine twine, out of which two loops were made, one for each lip, of six to eight inches long. These loops dispense with tenacula, and give perfect control of the cervix throughout the operation. Emmett's needles, of from an inch to an inch and a half in length, slightly curved and flattened towards the point, were the needles used. The round needles, which that operator ordinarily prefers, could hardly have been made to traverse the dense cervix of this patient. Four wire sutures, No. 29, were put in on each side, and the twists, left half and inch long, were bent at right angles, with the forefinger, over a counter-pressure hook acting as a fulcrum. This is the simplest method of disposing of the twists, so as to guard the tissues against puncturation by their points, although its accomplishment is not so easy a task as might be supposed. Hot-water douches were directed to be given twice a day, over a bed-pan. August 30, the sutures were removed. They seemed to be setting snugly in place, but there had been some cutting in; union had partially failed on the left side, and wholly so on the right.

I am inclined to attribute this failure at union to two causes: First—To feeble reparative power, but chiefly to the pressure and counter-pressure of the dense, unyielding, convex central areas of the lips on their inner aspect, acting as a strain upon the co-aptated flaps to draw them asunder.

I re-operated at once, (Aug. 30,) assisted by Dr. R. T. Edwards. The weakly united surfaces on the left side came apart in the operative procedure, and so made complete the failure of adhesion between the flaps. Same anæsthetics were used as on August 20, but the patient seemed to suffer very acutely. The bulk of the cervix was notably less and somewhat softer than at the time of the first operation. Two wire sutures were used on each side in rear, and two silk sutures (well-waxed) in like manner in front. Hot-water douches to be given twice daily as before.

August 31.—Three hours after the patient was put to bed yesterday, I was hastily sent for, and reaching the house, found that much blood had been lost and was still trickling from the corners of the wound. The incisions, it appears, had reached the circular artery and wounded it. Styptic applications and the constringing property of hot-water injections were faithfully employed, without avail, in arresting the hemorrhage, necessitating resort to the tampon, which was successful. This was removed in twelve hours, and after syringing out the vagina with warm, carbolized water, a fresh one was applied, to be finally dispensed with in twelve hours more. It was some weeks before the effect of this heavy drain upon the system was fully recovered from.

September 6.—I made speculum examination to-day. On left side, all seemed to be right, except that one of the wire sutures was a little loose and its twist slightly tilted laterally. I straightened this up and tightened it, otherwise it bid fair, sooner or later, to drag the flaps asunder at that point. On the right side, the flaps appeared adherent where embraced by the silk sutures, but both wire sutures were loose, their twists displaced from the line of apposition, the wires had cut in considerably, and the flaps were gaping. I unwound the rear wire, and having freely gashed the edges and sides of the opening, introduced two waxed silk, in lieu of the wire removed, and straightened up as well as could be done and tightened the remaining wire.

September 9. –The two silk sutures introduced in the right angle are cutting out, and a small opening has re-appeared.

September 12. –Removed all the sutures to-day; union on the left side complete; on the right side, the two silk sutures introduced on the 6th inst. have cut out of one flap entirely, leaving a fistulous gap in the right angle, otherwise union on this side, as viewed *superficially*, appears perfect—that is to say, as far as tissues are embraced by the two front silk sutures—but it is in truth a bridge merely, between the new os and the opening in the

right angle, about tree-quarters of an inch in length and half an inch in thickness, beneath which a fistulous tract passes, to become continuous with the cervical canal at a point half an inch from the external os.

Remarks.—What is the explanation of this untoward result? Convinced that in recording individual experience, the best interest of the profession demands that mistakes should be recounted with the same fullness and fidelity as one's best workmanship, I shall not conceal my opinion that it was largely, if not wholly, due to two oversights in the conduct of the operation. One was in encroaching upon the vaginal membrane where it is reflected back from the base of the cervix. The tissues are more contracted here than in the body of the cervix, and the vaginal wall has to bear in some degree the superincumbent weight of the uterus, a conjunction of causes serving to intensify the strain upon the rear sutures, whose office it was to maintain in an unwilling apposition the denuded patches of this membrane. The other was in using wire too large and non-pliable for this operation—No. 27, (the smallest I had at the time)—and in assuming the unjustifiable responsibility, as I did, of shouldering its twists without the aid of a Sims' shield.

Apparently when the task was finished the twists seemed to be setting plumb and firmly over the line of apposition; but in point of fact the sequel shows that the loops of wire on the right must have been more taut on one side than on the other, for when left to themselves awhile the twists careened to the side where the traction was greatest until they lodged against the tissues at the points penetrated by the wire when they could go no further. In a situation like this it results that a triangular mass of tissue with its apex under the wire at the site of the twist and hard pressed by it, is included between the two segments of the wire emanating from the twist and is strangulated by them. The consequence is a cutting into the tissues here, by which the loop of wire as a whole is loosened; and if before this, it merely sufficed to bind the flaps together, it will have now become relatively larger than the

circumference of the mass of tissues embraced by it; in other words, the loop of wire has virtually been enlarged. Now, as one of the flaps is immovably hung, so to speak, upon one segment of the loop, and the other upon the other segment of it, (wire being stiff and unyielding) to enlarge the loop before firm cohesion between the flaps has occurred is of necessity to bear the flaps apart, for each flap *must* follow its own segment of the loop.

An accurate shouldering of the twists over the co-aptation line would have gone far to insure against their sliding. While this trouble was going on with the wire it was noticed on September 6th, six days after the second operation, that the flaps on both sides, as far as they were embraced by the silk tissues, were firmly and evenly adherent, except as to the part occupied by the fistulous canal beneath the "bridge" before noted, which fistulous tract I think it reasonable to charge to the unequal dragging upon the tissues in that quarter by the two misplaced wires on that side. It is further noteworthy that those sutures were hanging in their places very loose. So slack were they it is a rational assumption that an inspection several days earlier would have *then* found them more or less loose. There had been no cutting into the tissues by them and no appreciable enlargement of the loops and therefore no stretching. Their becoming loose, therefore, is attributable to shrinkage of the tissues during and by virtue of the healing process.

I further express my conviction that it is a rule answerable to a physiological law governing repair that in all cases in which reparative power is normally good, this adhesive process, this union by first intention, if it is to take place at all, begins at once upon coaptation of the raw surfaces in all incised wounds, and is so far perfected within say 48 to 60 hours, as no longer to need the support of suture compression, and that concurrent shrinkage of the involved tissues has so far advanced that from and-after that time sutures no longer bind the flaps. If this were not true, if union and the shrinkage inseparable from it were not accomplished thus promptly, I hold that the

sutures would be *constantly* cutting out under the two-fold forces, first, of suture compression, and second, of the contractibility inherent in the tissues. The prompt cutting out of the silk sutures applied in the right angle on September 6th, I offer as on instance in proof. The inaccessibility of the fistulous cavity, its depth, the irregularity of its outline, and wide separation of its walls were such as presumably to have thwarted the efforts made toward that denudation of its inner surfaces and their close apposition as is requisite for union by first intention. Vital cohesion having failed, nature availed herself of the only other mode of repair, to-wit, by granulation. Condensation contraction is the physical expression of this method of repair. When to this agency in separating the flaps is added the inherent contractibility of the tissues, the prompt cutting through by the two silk sutures in the case in question is easily understood. As in this case, so in all cases of its class, sutures avail for good, when and *only* when primary adhesion between the flaps occurs within a brief space of time, which I appropriately put, as a rule, at 48 to 60 hours.

A pertinent question here arises as to the comparative value of silk and of wire in lacerated cervix operations, seeing how essential it is to primary union that the coaptated surfaces should be held firmly together for a certain period. If it were true that silk is liable to soften and stretch under the influence of the vaginal secretions, (and this is asserted by no less distinguished authority than Prof. Emmett in his work on Gynæology), before the object of its application could be accomplished, such weakness would not only exclude comparison, but should ostracise it from the gynæologist's armamentarium in this class of cases. When it is remembered with what full assurance of safety a uniform experience by the profession has taught us to apply the silk ligature to arteries in amputation stumps, and with what firmness and tenacity its loop usually maintains its hold, refusing often to come away until absorption of the included tissue has made a way for its exit, and when it is remembered that the fluids

which bathe it, blood-serum and pus in the one situation and blood-serum and pus and vaginal secretion in the other, are very similar in their chemical reaction, it is difficult not to believe that even so careful and eminent an authority may be mistaken. Waiving this question, I may say that *my own* observations have been made in these operations with the thread *thoroughly impregnated with beeswax*, and *so* prepared I have seen no reason for the imputation against it.

Upon the whole, my own preference is for the silk suture under all ordinary circumstances, and for the following reasons, to-wit: because it is more quickly applied, materially shortening the operation; because its proper adjustment is easy and certain, being in this important respect devoid of those risks of displacement and its hurtful consequences which attach to the wire; because it is free from the risk of tearing the tissues in introduction; because it is less painful in both introduction and withdrawal; because, finally, it is absolutely free from the hazzard of pulling apart the recently united flaps in their removal, which the wire is liable to do.

When the surfaces to be united stand widely apart, and where the tissues to be acted upon are dense, inelastic and resisting, demanding forceful and sustained traction to bring and maintain the denuded surfaces in apposition—under these circumstances I would select the wire. Such conditions would oftenest be found in recto-vaginal and vesico-vaginal fistulas, and, to a less extent, in lacerated perineum operations.

FURTHER HISTORY OF MRS. I. A.'S CASE.

For several weeks after the getting up in September I sought by tri-weekly applications of resorcine ointment, 1 to 3, to secure union of the walls of the fistulous tract by granulation, but failed. The patient was then given a long rest from topical treatment other than the daily use of the hot water vaginal injection.

December 3d. Some further resolution of the hypertrophied structure has been accomplished, but it is still

abnormally hard, a structural change which I think likely to be permanent. There is yet a slight discharge of glairy mucus from the os and fistulous opening, but upon the whole, she has in every way greatly improved. To-day, assisted by Dr. R. T. Edwards, I operated with the view of obliterating the fistula. The bridge of tissue between the os and fistulous orifice was cut through with a pair of knee-bent scissors, and the tract fully exposed. This was found to form a sort of irregular pocket (walls apart) in shape somewhat like a flat-iron, the base to cervical canal, the apex looking upward and backwards and hidden beneath a hood of vaginal tissue. With Emmett's ball and socket uterine knife endeavor was made to denude the surfaces thoroughly. The steady and free oozing of blood which followed the devious course of the instrument inspired the hope that this had been effected. Two silk sutures were implanted deeply and drawn firmly.

Whether these steps will secure obliteration of the fistula by primary adhesion, time will tell. No procedure which does not include girdling the entire tract by the sutures could *insure* this. But the cavity is deep, its bottom broad, and no needle has yet or probably could be devised combining at once the necessary curve and the elements of strength and tenacity in requisite degree to accomplish this feat.

December 11th. The silk sutures introduced on the 3d inst., were removed to-day. They had cut in slightly and edges of cleft stood apart. The tract having failed of obliteration by adhesive inflammation of its walls, as I had hoped for; but granulation is coming up from the bottom, and has considerably diminished the cavity.

December 24th. The fistula has filled up by granulation, leaving an external os of pretty size and shape, slightly deflected to the right of the median line, a circumstance, presumably, of but trifling moment. The discharge of glairy mucus has ceased, and the patient feels, and seems by comparison with what she was anterior to the services rendered, like a well woman.

The relaxed and patulous condition of the vaginal out-

let, however, is very marked, and must sooner or later cause a downward displacement of the uterus, and an operation for the correction of this infirmity I hope to perform later on.

The extraordinary departure from the normal condition of the cervix at the beginning, the unusual difficulties opposed thereby to surgical treatment, the successive mishaps which occurred during its progress, the respective behavior of the wire and the silk sutures, and the opportunity afforded for some observation of their relative merit, and for some reflections upon the office of the suture in the abstract as pertaining to these operations, must be my apology for the great length of this report.

NOTE.

Since writing the above I have been asked if it was not necessary to use a knot-tier for the silk suture in a lacerated cervix operation. I answer with emphasis, *by no means.* No mechanical device could at all compare with the fingers with their delicate tactile sense for adjusting tension and for tying the knots here. The slight traction upon the thread in the act of tying steadies the cervix and secures the requisite degree of depression, which needs be no greater than the preceding stages of the operation required. Each end of the suture is caught and compressed between the palm of the corresponding hand and the two last fingers, while the thread passes over and is tightened upon the extremity of the corresponding forefinger, and with an alternate slight swaying movement the tie is brought down upon the approximation line and there secured.

Lacerated Cervix Operation.

USE OF MURIATE OF COCAINE INJECTED INTO THE CERVIX.

BY T. T. BEALL, M. D., VICKSBURG, MISS.

CASE 2.

The subject was Mrs. E. F., aged 26 years, the mother of three children, the youngest being a year old at the time her health began to fail, in October last.

Prior to this time, both before and after marriage, except for a lingering confinement at the birth of this child, she had always been a healthy person; had been a stranger to lumbar or pelvic pains, and to leucorrheal discharges; to every symptom, in short, suggestive of any uterine lesion. A severely lacerated cervix uteri, and yet after rising from her confinement, no impairment of the general health, and no local suffering whatever for nearly twelve months after—a striking example of the successful resistance the conservative forces of nature in an otherwise healthy individual are able to wage for a time against the constitutional manifestation of a grave lesion. These at last began to give way. The menses now recurring for the first time since the birth of this child, were painful and unusually profuse, and attended with what was new in her experience—pains in back and hypogastric region. Something like dumb chills and fever set in; she was prescribed for accordingly by her medical attendant, without more than a slight transient benefit. Failure of appetite and digestion, with pallor and emaciation, and nervous unrest, followed in a marked degree. Another menstrual period

of like character as the first came, and at its close ensued paroxysmal attacks of pelvic pain of great severity. At this juncture I was called in and found the following conditions: A bi-lateral laceration of the cervix, complete on the right side, with the marks of an additional tear into the upper lip on that side; on the left the laceration involved about two-thirds the length of the organ. There was no induration of the tissues, but great engorgement, and an angry-looking erosion occupied the entire inner surface of the segments, which poured forth a copious discharge of bloody mucus and pus. Hot water vaginal douches, twice daily, were directed, and a systematic application, twice or thrice weekly was begun, of a strong iodine tincture, such as I am in the habit of applying in chronic endo-cervicitis, prepared as follows: Iodine crystals and chloride sodium each 90 grains to pure alcohol one ounce. The severe paroxysmal uterine pains continuing nevertheless, I gave quinine freely, but without benefit. Morphine was next applied to the suffering part—a small lump of simple ointment, impregnated with morphine, 10 grains to the half-ounce, being placed in contact with the eroded surfaces, and a pledget of lint cotton pressed against it and left in situ. This produced prompt mitigation, and a repetition once daily for three days, permanently subdued these painful paroxysms. Several months of preparatory treatment followed, consisting of tonics, laxatives, iodine applications twice weekly, and hot water vaginal douches, twice daily, under which her health greatly improved.

The erosion, associated with excessive vascularity of the cervix was the last to yield. Owing to this great and persistent vascularity of the part, I had anticipated very free hemorrhage at the operative proceedure, and held a uterine tourniquet (Emmett's instrument) in readiness for the occasion, but luckily, about two weeks before the operation was determined upon, this condition gave way, and relieved me of a disagreeable complication.

On February 15th, 1886, assisted by Drs. R. T. Edwards and T. G. Birchett of this city, I operated, using for

sutures the silk thread, previously prepared by briefly immersing it in melted wax, and drawing them quickly between the thumb and forefinger, so as thoroughly to saturate them with that substance.

For an anesthetic, a five per cent. solution of muriate of cocaine was injected into the cervix. Each lip was punctured at two points on its exterior aspect, in the middle line. A small aspirator, having a fine needle fitted to it, was twice charged with 15 minims, each charge holding in solution three-quarters of a grain as the total for each lip. In an an almost incredibly short time, for I had just finished the injecting and seated myself for the operation, she exclaimed: "What can be the matter? I can't see; I feel so curious." Stepping to her immediately, I observed she had a hazed, but not troubled look. There was a little pallor perhaps in her face, and the pupils were greatly contracted. I asked if she could not see at all. She answered: "Not unless I make a special effort; then I can see a little." Resuming my seat, I proceeded at once with the operation.

Dr. Edwards, about fifteen minutes after, attracted by an occasional sighing respiration, examined the pulse and found it 120 per minute. This gradually slowed down after that time, and when the operation was finished, say three quarters of an hour after, was about normal.

From the time the cocaine was injected to her being put to bed, it was just within an hour. She was then cheerful and tranquil in mind, expressed herself as feeling perfectly comfortable, and there was a total absence of that worried, haggard look, we are accustomed to see after a severe and tedious surgical operation. It was elicited from her that the more intense cocaine intoxication lasted her, she supposed, fifteen or twenty minutes, it being, as well as she could describe it, a strange excitement, mingled with an utter indifference to consequences. She could not see me when I had stood in front of her, but she saw Dr. Edwards (which was fifteen minutes afterwards). She had felt very distinctly the movement of the instruments, could clearly distinguish the successive stages of the operation, knew

when I was using scissors, when the needles were passing, and when the threads were tied, but that the operation throughout was absolutely painless. She then added: "except *twice*, and then only for a moment." This was when she was pricked with a needle, once on the buttock, and once near the vaginal outlet. It was noticed that she flinched vigorously, and cried out from the pain each time, thus giving evidence of retention of complete general sensibility, while insensible to pain in the limited area occupied by the cocaine deposit.

Given a specimen of the salt of similar strength, a subject af equal susceptibility to it, and an operation of like duration, the result of this experiment warrants the belief, I think, that less than a grain-and-a half would insure a painless operation. An inspection on the 18th was made, and showed the cervix considerably swollen, and of a deep red hue. Some cutting in of the sutures had occurred, but no gaping in the coaptation lines. At one point, in a space a little the widest between the threads, a thin ribbon-like projection of blood-tinged, tenacious mucus was pending. The severance of a thread, where it could be most safely spared—near the front—by giving free exit to the cervical accumulations, permanently relieved the strain upon the sutures from this source.

Examining again on the 20th, I found a superficial slough on the lower lip, where the hypodermic was given. This was touched with pure carbolic acid, and an injection of a warm five per cent. solution of the same directed to follow the hot water vaginal injection twice daily. On the 23d, I removed the sutures. The long, imperfectly healed tracks of the threads showed they had done some very considerable cutting in, but were now slack. The swelling of the cervix had largely subsided, the healthy pinkish hue had returned, and union was complete along both lines. The slough did not fully heal over until a week later.

The menses shortly returned, and were now as smooth and painless as they had ever been before the accident.

As regards the little slough, I was aware at the time of

the injection that the needle was more superficially inserted in the lower lip than in the other. A deeper implantation of it would almost certainly have prevented this little casualty. Two material facts were revealed by this experimental administration of the cocaine. The one already established by other observers—that the drug in full doses ranks as a narcotic poison. The other—that we may look for active engorgement of the part to result from introduction of the salt into its substance. It would be occasion for joyous congratulation among gynæcologists for all time to come, if it should be settled by further experience that neither cause is of a gravity to forbid this method of administering the drug, in view of the grand disideratum so simply and so effectively secured by it—an *absolutely painless* lacerated-cervix operation.

In the case first reported by me, and accompanying this—the case of Mrs. I. A., I made some observations upon the relative merit of the wire and the silk suture, and took occasion to indicate my own preference, in ordinary cases, for the latter. I closely observed the behavior of the silk sutures in Mrs. E. F.'s case. The impeachment usually laid against it by objectors, viz: of softening and stretching, clearly did not hold in this case. On the contrary, as the cervix swelled, putting the sutures upon the stretch by the increased bulk of the included masses of tissue, *these gave way to the sutures*, or, as we would express it in inverse phraseology, the threads cut in, for the very reason that the loops of thread maintained unaltered their diameter, refusing to yield to the extraordinary strain put upon them. Wire sutures, however well adjusted, could not have done more than this.

In the discussion of the question as to the relative merits of the wire and the silk suture, a liberal concession to the prejudices of those who discredit the cohesive property of the latter, if not the nature of the question itself, prompted another and distinct inquiry, to-wit: How long is it necessary that sutures shall remain bathed in the vaginal fluid? Admitting the ultimately perishable nature of all animal substances, is that period so protracted as to endanger

their yielding to any destructive forces which may be adherent in their situation, before their purpose shall have been fulfilled? As that period is exactly measured by the time in which primary union is consummated, the solution of the main problem, to-wit: the comparative merits of the silk and the wire suture, may become, from certain standpoints of view, somewhat subservient to the determination of this. It was for this reason that in the former paper I associated these questions, and there took the position that primary union, as a rule, was accomplished within 48 to 60 hours, whereupon the sutures became slack in their places, owing to shrinkage of the included tissues, consequent upon that union, and that their office as supporters of the coaptated flaps thenceforth virtually ceased. To that opinion I adhere.

That primary adhesion had occurred within that time in the case of Mrs. E. F., is, I think, verified in this: That, notwithstanding the strain upon the sutures, set up by the swelling, impairing, to a certain extent, their power to bind the flaps together, yet no gaping had occurred between them, as certified by the inspection made on the 18th. I beg to recapitulate here the proposition which I endeavored to illustrate from the instructive lessons furnished by incidents which occurred in the case of Mrs. I. A., namely: that unless primary union does take place within about that time, it does not occur at all; and that the flaps will then tear themselves away from the sutures of whatever kind, and will assuredly part asunder. A word more as to the behavior of the sutures in this case. It turns out that these were not slack at the time when I assume that primary union had been accomplished, a circumstance in seeming discrepancy with the attitude I have assumed. I find no difficulty in accounting for this, by the exceptional swelling already adverted to—an adventitious incident involving an extraordinary increase in the circumference of the mass of tissue embraced by them.

I venture, in conclusion, to re-affirm my faith in, and preference for the well-waxed silk suture in lacerated cervix operations, for the reasons, and within the limitations, set forth in the former case.

Five Cases of Cataract Extraction.

ALL SUCCESSFUL—PERFORMED UNDER VERY UNFAVORABLE CIRCUMSTANCES.

BY A. G. SINCLAIR, M. D.,

Professor of Diseases of the Eye, Ear and Throat, in the Memphis Hospital Medical College, Memphis, Tenn.

Four of these operations were upon the eyes of two insane patients, the fifth in a case complicated with ectropion of the lower eyelid.

In September, 1880, I was requested by the authorities of the Western Kentucky Lunatic Asylum to see professionally some of the inmates of that institution who were suffering from eye affections. Among them were two with hypermature bi-lateral senile cataract. In all four eyes perception of light was good, the field of vision, action of the iris and tension of the eyeball normal—in short, there was no evidence of disease, beyond the characteristic symptoms of hard cataract. Both patients were females. One, E. H., aged 76, had been insane fifteen years, an inmate thirteen, and blind five years. Her general health was good. The other, J. C., aged 73, had been insane more than ten years, an inmate three years, and blind eight years; general health good. Both patients were the victims of chronic mania, were excitable, and at times very difficult to control. They appeared to realize their loss of sight, and when told that it could probably be restored by an operation, one of them became very eager for its performance. Notwithstanding the dangers to be incurred during the after-treatment, on account of the difficulty of

controlling the patients, I decided to give each the benefit of an operation.

Assisted by Dr. Rodman, the very efficient Superintendent of the Asylum, and Dr. Stone, his assistant, a number of other medical gentlemen being present, both patients were anæsthetized, and I operated on one eye of each by Graefe's modified linear method—the incision, however, not being made wholly in the sclerotica, as in Graefe's method, but lying for two-thirds of its extent in the cornea. No complications occurred during either operation; great care was exercised in securing thorough removal of cortical matter, cleansing the wound and securing accurate coaptation of its lips—matters of cardinal importance in cataract extraction. No undue reaction followed, and the process of repair was in every way satisfactory. Both parties submitted admirably to the necessary restraints following the operation. Encouraged by these results, I operated two weeks later for the extraction of the two remaining cataracts. These operations were equally satisfactory with the preceding ones, both in performance and result. The only troubles experienced in the management of these cases was a slight and easily controlled attack of iritis in one eye, caused by interference with the dressing by the patient on the fifth night after the second operation. Owing to the mental condition of these patients, an accurate measurement of the degree of sight recovered was impossible, but with suitable glasses each patient could read ordinary book type, and get about unaided very readily—results eminently satisfactory, in even the most favorable cases. The recovery of sight had also a happy effect upon the minds of those patients, both becoming less restless and more easily controlled than during their blindness. These cases are interesting mainly, of course, on account of the insanity of the patients, and are, as far as I am aware, unique in the surgery of the eye. Either the supposed inability of such patients to appreciate the recovery of sight, or the dangers to the eye during the healing stage, consequent upon the mental alienation, having deterred operators from risking an unfavorable turn in their statis-

tics, by giving these unfortunates the benefit of their skill. In the foregoing instances the patients evidently realized the amelioration in the circumstances of their lives, arising from the recovery of sight, and I have, in many instances, experienced greater difficulty in controlling patients supposed to be *compos mentis* during the treatment following the extraction of cataract, than I did in the management of these sufferers from "a mind diseased."

The fifth case was one of a number of extractions performed in my clinic at the Memphis Hospital Medical College during the past session.

The patient was 85 years old, had been blind for twenty years, had hypermature senile cataract, eyeball otherwise healthy, but had a high degree of ectropion of the lower lid of long standing. The punctum being displaced in consequence, and the conjunctiva thickened and inflamed, the eyeball was constantly bathed in tears. Ordinarily the proper course in such a case would be the re-establishment of the tear passages, and the improvement, as far as possible, of the condition of the lids and conjunctiva before proceeding to extraction of the cataractous lens. This, however, would have involved a protracted course of treatment, to which the patient objected, and hence, after having effected some amelioration in the condition of the conjunctiva, by the application of astringents, I extracted the lens by the method adopted in the preceding cases—that now most commonly employed. In this case, as in most of my operations since the introduction of the drug, which I may state, *en passant*, I was the first operator in the South to employ, I used cocaine as an anæsthetic. In the after-treatment a piece of muslin saturated with a solution of boracic acid was laid over the lids at each change of the dressing, otherwise the treatment was that ordinarily employed. Despite the excess of moisture constantly about the corneal wound, and other unfavorable conditions, recovery was smooth, rapid and complete, and resulted in recovery of vision equal to two-thirds the normal degree in the prime of life.

Some of the Complications of Typhoid Fever

BY HENRY IZARD, M. D., MERIDIAN

Our success in the treatment of typhoid fever frequently depends upon our ability to relieve certain complications, which often arise during the course of the disease. One of the most important is hæmorrhage. Two pathological conditions may produce it—portal congestion and ulceration of Peyers glands. When we have a malarial complication, the alvine discharges are black, the bile being vitiated, owing to congestion of the liver, preventing the blood from the portal circle from freely returning to the heart; we have, consequently, undue blood pressure, which produces an exosmosis of blood into the bowels. This is a passive hæmorrhage, and must be relieved by secretory remedies. The symptoms indicating this state or condition are, slight chilly sensations, coolness of the extremities, with a rapid rise of temperature of two to three degrees, more rapid pulse, the intellect more clouded, and muttering delirium. If this condition takes place, during the third week, when our patient is emaciated, we will have a weak, rapid pulse, and may attribute this condition to an exhaustion of vital powers, instead of nervous depression from diminished secretion, and the life of our patient will depend upon our ability to differentiate correctly between nervous depression resulting from diminished secretion and depression from exhaustion of vital powers. This condition, as stated above, results from diminished secretion, and calomel and quinine are the remedies upon which we must rely, and it is, in my opin-

ion, the only condition in which these two remedies should be used in decided doses. Eight grains of calomel divided into two doses, given three hours apart, preferably at night, will in a few hours stimulate the liver, producing several black stools, with a rapid amelioration of all the unfavorable symptoms, and a cessation of the hæmorrhage. Quinine sulph., in anti-periodic doses, of four grains, every three hours, until fifteen grains have been taken, given the next morning, will effectually relieve this complication, if the discharges lose their black color; if not, repeat the calomel next night, in half the quantity. It is seldom I have to repeat the mercurial; quinine sulph., during the second day, in anti-periodic doses, is sufficient to relieve. Sometimes a patient will become worse suddenly, from this complication, without hæmorrhage, bowels moving regularly, but color too dark, which will be quickly relieved by the above treatment. Whenever we have a malarial complication, we always have vitiated bile, and if nature does not eliminate it from the system, we must, by the exhibition of mercury and quinine, until the stools become a brown rhubarbic color, which is the color of bile. When this takes place, we may feel assured that we have relieved the complication, and will have to treat only the abdominal lesion. The infrequency of this complication renders it important that it should be recognized. During the epidemic of typhoid fever in Meridian, in 1882, I had only six cases out of eighty treated that presented this complication, but, am glad to say, every one recovered.

When from ulceration of Peyers patches, opium in decided doses, combined with acet. lead, hypodermic injections of ergotine, spts. turpentine, ice applied along the course of the ilium, alcoholic stimulants, are suitable remedial agents.

Upon its cessation, do not be too anxious to move the bowels; allow them to remain quiescent for several days, else you may regret a departure from this rule, by having a profuse hæmorrhage and a collapsed patient.

Inflammation of the parotid glands is a complication

which usually makes its appearance during the third week, and should be treated as a septicæmia. Quinine sulph. gr. i tr. ferri. chlo. twenty-five drops, potass. chlo. grs. x, diluted with water, should be given every three hours, with as much rich sweet milk as you can get your patient to drink, has given me the best results.

Black urine.—I have never recognized this complication in but two cases. The urine looked as if mixed with soot. It occurred during the second week in both patients, accompanied with persistent headache and constant nausea, which symptoms being unusual at that period of the disease, I was at a loss to account for them, until I asked to see the urine. By the administration of potass. acet. and tinct. digitalis, both were relieved in two days. Being very busy, I neglected to have the urine tested.

In some cases, constipation gives us trouble; the mucous membrane is dry, absorbtion of the watery portions of the intestinal contents takes place, and the peristaltic action of the bowels lessened. Enemata often fails to relieve, and laxatives are often purgatives in their effects. In such cases I find spts. turpentine given in increasing doses, until a laxative effect is produced, relieves the trouble. Commence with ten drops every three hours: gradually increase to twenty-five or thirty if necessary.

The Treatment of Malarial Hæmaturia.

BY J. C. HALL, M. D.

The writer trusts he may be pardoned for omitting in this short article a consideration of the pathology and causes, clinical history and diagnosis of malarial hæmaturia. Those who desire more extended information on these points are referred to the many excellent articles that have appeared in the Transactions; and also, to the articles upon this subject in the current medical literature for the past twenty years which cover the ground so fully, a detailed description is deemed unnecessary.

The type of malarial hæmaturia is, from the outset, *mild*, *severe* or *grave*. The mild type tends intrinsically toward recovery under the ordinary course of treatment addressed to intermittents, while the *severe* or *grave* types have a tendency toward death, and demand the highest skill and utmost care on the part of the physician to avert a fatal end.

When the physician is called in for the first time it is generally to a case of the severe or grave type of the malady, in the person of a broken down malarial subject who has been taking large doses of quinine for several months. The stomach will be found irritable, with a tendency to nausea and vomiting; the bowels are usually constipated; urine dark wine color to black, containing some albumen; skin icterode, and either bathed in perspiration or dry and hot. The pulse is *gaseous* and fleeting, showing great weakness of the heart's action.

The treatment found most successful in the hands of the

writer may be briefly summed up as follows, to-wit: The first object to be had in view is to allay nausea and secure complete rest of the nervous system. Morphine in suitable doses meets this indication, and must be continued at proper intervals until a subsidence of the grave symptoms sets in. The next indication is to "unload the liver" and secure the free action of this gland. In the experience of the writer, extending over a period of several years, ipecac is the most reliable, prompt and safe remedy to administer, when suitably guarded by morphia, to prevent vomiting. The fluid extract of ipecac is the best form for administration. Thirty or forty drops of a reliable extract, with one-third to half a grain of morphine without water, may be administered to an adult at a single dose, and repeated every four or five hours until a favorable change sets in. Usually, within the first twenty-four hours, the nausea and vomiting cease, the urine clears up and the grave symptoms are replaced by a marked improvement. The fever subsides, the appetite (hitherto wanting) returns, and convalescence is established in a few days. It is proper to add that quinine is administered *pari passu* with the ipecac treatment in small doses, (from two to three grains every three or four hours), until the febrile symptoms entirely disappear.

In conclusion, it may be important to state that a large number of cases have been treated by this method, and the results have been very gratifying in my hands, and also in the hands of my professional friends. The duration of the disease is shortened and the mortality very much diminished by the ipecac treatment.

REPORT OF COMMITTEE

UPON THE

SURGERY OF MISSISSIPPI FOR 1886.

BY M. S. CRAFT, M. D., CHAIRMAN, JACKSON, MISS.

TRACHEOTOMY FOR THE REMOVAL OF A COCKLEBURR.

BY C. W. JORDAN, WEST POINT.

John W., aged 21 years, a farmer, was brought to my office with a cockleburr in the trachea. He had been seen by a physician, who tried to relieve him with an emetic, but failed. By examination I found that the burr was located about one inch below and to the right of the cricoid space.

On the 18th, assisted by Dr. J. G. Montgomery, of this city, (West Point), we attempted anæsthesia, but from fright and obstruction to the breathing, could not affect it, though eight ounces of chloroform were consumed. The patient then determined to undergo the operation without it. He was placed in position, and an incision extending from two inches above the sternum to the pomum Adami was made. The fat and connective tissues being divided, the sternohyod muscles were brought into view and separated and drawn apart. The fascia and tissues in front of trachea were also divided and hooked aside. Hemorrhage was controlled by torsion.

The trachea being now in view, three of its rings were cut through and search made for the burr with the finger;

it was found located as stated above. While attempting to dislodge it, it was blown out through the opening above the finger.

The wound was dressed with bichloride of mercury tablets dissolved in water as an antiseptic, and recovered without an unfavorable symptom.

A Case of Herniotomy.

BY J. G. KNOX, M. D., TOOMSUBA.

I was called, January 25th, 1885, to see a negro man who was suffering from strangulated hernia. It was congenital, and the patient had always been able to reduce it himself. He had never worn a truss. He assisted in carrying a heavy sill in the morning, and afterward worked in the field, paying no attention to the hernia until it began to pain him, when he found he could not reduce it. Position, taxis, and all the usual means were resorted to without success during the day. At night I left him, but returned next morning in company with Dr. J. R. McLaurin, who kindly consented to assist me. We found his condition no better, and he was suffering greatly from pain. His case was not encouraging, and we were poorly provided with instruments, but determined to operate as the only means of giving the patient a chance for his life. After making the necessary preparations, Dr. McLaurin administered chloroform, and I proceeded to make an incision three or four inches long through the skin and fascia, then down through the different layers carefully until I reached the sack, which I found much distended and looked smooth. When caught with the forceps and nicked with the scalpel the serum spurted three feet. There must have been five or six ounces of fluid in the sack, and a large lump of jelly-looking substance. The intestine had a mottled appearance, in some places almost black. The stricture was at the internal ring. After enlarging it, the bowel was easily returned. The wound was cleansed with carbolized

water, and closed with interrupted sutures passed through all the tissues, including the sack. The wound was then washed with carbolized water, and a compress saturated with the same placed in position and held by a figure-of-eight bandage. Directions were given to renew the dressing and sponge the parts frequently, but it was not done. With but little attention he made a good recovery.

There was only a little supuration in the line of the sutures, which might have been avoided by removing them sooner and keeping the parts clean.

Amputation for Recurring Hemorrhagic Sarcoma.

BY C. C. STOCKARD, COLUMBUS.

The patient in this case was a negro man over fifty years of age. When a boy, there began on the inner side of the left thigh a tumor, which grew slowly and gave no inconvenience until January, 1882, at which time he applied to a physician, who excised it.

A year after this, he came to me with the tumor that had grown to the size of two fists. It was irregular, or lobular in shape, and one or more of the lobules had broken and was discharging dark-colored, foul-smelling matter; it bled, also, quite often.

March 29, 1883, I removed the tumor, using Esmarch's bandage. Hemorrhage followed when the bandage was taken off, that had to be controlled by a compress and the tourniquet that was applied for six hours and gradually loosened.

From this time, the tumor would reappear in a few months after being excised, and within two years I operated three or four times, the last on March 17, 1885.

In June it had reformed and was bleeding frequently, but I declined to excise it again, and advised amputation, as I had previously done. Even now the patient would not consent. Very soon after this, he became alarmed from bleeding several times to the point of fainting, and

requested amputation. Although his condition was unfavorable, as was also the season of the year, I thought it offered the best chance for him, so made ready to operate.

June 30, with Drs. Mayo, Vaughan and Sykes assisting, I amputated by an antero-posterior flap at the middle of the thigh. The Esmarch bandage was used, and the blood loss practically *nil*. Although he stood the amputation pretty well, in forty-eight hours he had a rigor, after which he sank steadily, and died twenty-four hours thereafter.

My diagnosis was "Hemorrhagic Sarcoma."

ELEPHANTIASIS.

BY W. W. HAMILTON, BROOKSVILLE.

This case of elephantiasis was in a negro boy 19 years old, and involved the second and third toes and part of the foot. The trouble existed from birth, in the toes only, and extended until the foot presented an enormous and unsightly appearance. The toes were four inches longer than the others. The size of his foot prevented his wearing a shoe.

Assisted by Dr. Featherston, under chloroform and the hemorrhage controlled by an Esmarch bandage, I made an incision from the space between the first and second toes diagonally to the dorsum. The second incision was made from the space between the third and fourth toe to the same point, making a V. The second and third metatarsal bones were divided with bone pliers and metacarpal saw, and the morbid growth, which weighed three and a half pounds, removed with a scalpel *en masse*.

The several blood vessels, seven in number, including the plantar arch, were ligated.

After-treatment consisted in bringing the surfaces together gradually with strips and bandages, and carbolized sweet oil and cotton as a dressing.

The result, six weeks after, was entirely satisfactory:

wound had nearly healed, with no deformity except the loss of toes.

Dislocation of the Thumb

BY DR. J. BROWNRIGG, COLUMBUS.

In December, 1884, a negro boy, thirteen years of age, came to my office to have a dislocated thumb redu ed. It was the first case I had ever seen. The end of the bone of the first phalanx rested on the dorsal side of the end of the metacarpal bone, the two bones being parallel to each other or to the same line. I called in a strong negro man, and directed him to hold the wrist firmly. I took hold of the thumb and made all the extension I could, but without success. I then lashed the thumb to Levis' perforated board, and had two men hold the arm and wrist, and gave the board to Dr. Spillman, who happened to pass my office, while I took hold of the thumb with my right hand and grasped the metacarpal bone with my left hand. We pulled with all our strength, until the articular surfaces of the two bones were parallel, when I attempted to push the bones into place, but they would not yield! After resting awhile I removed the extension and counter-extension until the articular surfaces were parallel, and then flexed the thumb to an angle of forty-five degrees, keeping up the extension and counter-extension, and then pressed firmly with my left hand on the palmar side of the end of the metacarpal bone, when the reduction was suddenly accomplished. This procedure was accidental, and not due to a knowledge of the obstacle in the way of the reduction. I then began to study this dislocation. "Ballingall, Malgaigne, Erichsen and Vidal (De Cassis) think the end of the metacarpal bone is locked between the two heads of the flexor brevis, or rather between the two sets of muscles which center in the sesamoid bones as a button is fastened in a button-hole." (F. H. Hamilton on Fractures and Dislocation, page 727, 6th Edition.)

The reason that I could not reduce the dislocation while making extention while the thumb was extended in a line with the axis of the metacarpal bone, was that the above-mentioned muscles were put on the stretch and prevented the passage of the end of the metacarpal bone through the button-hole formed by them. By flexing the thumb and still making extension, these muscles were relaxed and the head of the bone could be pulled through. Division of these muscles on one side has been found necessary before reduction could be accomplished. Dr. F. H. Hamilton (p. 726) reports a case exactly like this, in which he failed to reduce the dislocation, the family refusing to allow him to divide the muscles.

The great surgeons have differed widely about the cause of the difficulty of reducing this dislocation, and the mode of reducing it. Many believe that it is due to the end of the metacarpal bone being enveloped in a slit or button-hole in the capsular ligament. An examination of the relative positions of the ends of the two bones, and a knowledge of the shortness of the capsular ligament will satisfy anyone that the ligament is too much lacerated to be a serious obstacle in the way of reduction. The weight of testimony is so strong, however, in favor of this opinion that it is entitled to consideration, and in cases which require a division of one side of the button-hole it should be remembered, and if division of the muscles at a little distance from the joint failed, then one side of the capsular ligament might be divided.

The clearest account of the anatomical relations of the important parts concerned in this dislocation will be found in the "Anatomy of the Human Body," by I. Cruvielhier. It there appears that the anterior ligament, while it is attached firmly elsewhere, forms a collar around the inner face of the end of the metacarpal bone of the thumb, sometimes tight and sometimes loose, and that this formation of the anterior ligament is the reason of the difficulty in the reduction of this dislocation, as when it is not lacerated, but the collar is slipped up over the articular end of the metacarpal bone, the ligament is at all times

interposed between the articular surfaces, and rendered reduction impossible in some cases, unless the anterior ligament be divided vertically. This collar, with the two heads of the biceps, forms a ring, which encloses the neck of the metacarpal bone firmly, through which the end of the metacarpal bone must be pulled to accomplish the reduction.

The plan suggested by Dr. S. D. Gross, of binding the thumb backwards at a right angle with the metacarpal bone before attempting reduction, may have the effect of lifting the edge of this collar-like formation of the anterior ligament over the articular end of the metacarpal bone, as well as to relax the lateral ligaments. Making this movement directed by Dr. Gross first, and then carrying out all the while the extension and finally the flexion suggested above and followed in this case, the movements which occur in the formation of the dislocation would be exactly reversed in its reduction, for the thumb must be forcibly bent backwards to a right angle with the metacarpal bone to dislocate the joint, and the patient or some one else flexes the joint so as to bring the metacarpal bone and the first phalanx of the thumb parallel to the same line, in which state it comes under the observation of the surgeon. It appears, therefore, that it is best to bind the thumb backwards, then commence traction, so as to enter the edge of the articular surface of the first phalanx upon the edge of the articular surface of the end of the metacarpal bone, then commence flexion with extension, and continue both until the thumb is flexed to an angle of forty-five degrees, and at the same time firm pressure upon the palmar surface of the end of the metacarpal bone.

The failures and disastrous results from attempts at reduction by the great surgeons should stimulate surgeons to a close study of this dislocation.

Occlusion of the Vagina.

BY JOHN BROWNRIGG, COLUMBUS.

January, 1884, Miss — — applied for treatment with oc-

clusion of the vagina. It was impossible, at my examination, to introduce the smallest speculum. There were two openings, but no exploration that I could make was sufficient to determine the nature of the obstruction. I tried gradual dilatation for two months, but could never use a dilator of sufficient power to make my diagnosis certain, or to enable me to operate satisfactorily.

At the meeting of the Association at West Point, April, 1884, there was exhibited by Dr. Craft an anal dilator, an invention of Louis Sass, which had served him in a case where great force was needed. I at once sent for the instrument and commenced forcible dilatation. This enabled me to reach the cervix and see a strong, fleshy band extending the whole length of the vagina, binding the upper wall to the floor of the vagina and to the cervix.

On the 29th of April, I partially divided this band and introduced a broad Sims' speculum above and another below, and gave these into the hands of Drs. Vaughan and Stockard. The lower instrument I had to withdraw, substituting two fingers, one on either side of the band. This, with strong scissors, I then divided and disconnected from the cervix. A tampon of styptic cotton (absorbent cotton saturated with Monsel's solution,) was applied and held by a retaining bandage. At its removal the next day the hemorrhage was profuse and another had to be applied. This controlled the bleeding. She was out of bed soon, and was directed to use dilatation, and dilute listerine as a wash. She is now like other women, and the vagina is free from adhesions.

Congenital Absence of Os Uteri.

BY L. W. MAGRUDER, M. D., WOODVILLE, MISS.

Was called to see Mrs. G. D., on June 5th, 1885; age 19 years; married four months. Supposed to have commenced menstruating at an early age. Inferred from history of case gathered from her husband, that it was one of

imperforate hymen. On examination, found hymen ruptured, vagina shortened to hardly an inch in length, cervix obliterated, and entire absence of os, with abdomen as large as usual at full time of pregnancy.

I attempted to aspirate; introduced the needle at the most dependent portion of the uterus, but the fluid was too dense to pass through the largest needle. Visited her two days later, intending to operate the next morning, but found her suffering such intense pain from contractions, due to another menstrual period, with a dark, thick fluid passing drop by drop from the puncture made by the needle, that I determined to operate at once. I made a free incision at the most dependent portion just where I had introduced the needle, when there was an escape of more than a gallon of fluid near the color and consistency of tar. The uterus was so completely filled with this fluid, that that portion of it where the os should have been was forced down so low that I found it unnecessary to use a speculum when operating.

I washed out the cavity of the uterus with a Davidson's syringe, and left her perfectly comfortable. No inflammation or rise of temperature followed. No drainage tube was used, as I had none at the time. She is now in excellent health. The artificial os has not closed as evidenced by the fact that she menstruates regularly. Should she become pregnant, I will further report the case.

Fistula in Ano.

BY B. F. DUKE, LAKE COMO.

Julius C., aged 45, was for years the subject of this troublesome affection. Upon examination October 1st, 1885, two complete fistulæ, one on either side, were found, besides several other external openings on the buttocks communicating with the main tract. These were slit up, and the sphincter divided in two places. The wounds healed rather tardily, but in a few weeks the patient was

discharged well. Chloroform was used to complete anæsthesia. The writer was well assisted by Dr. W. T. Boutton, of Paulding, who conducted the after treatment.

The only feature of interest attaching to this case is the double division of the sphincter. This is not intended as an argument in favor of the operation, but to show that it is not necessarily damaging to the integrity of the muscle. The circumstances surrounding the patient made it almost a necessity that the operation be completed at once, and this was the persistent wish of the man after being notified of the risk involved. With no small degree of hesitancy, therefore, we proceeded, and, to our great satisfaction, with the above results.

A Punctured Wound through the Abdominal and Uterine Walls.

REPORTED TO THE WILKINSON COUNTY MEDICAL ASSOCIATION BY DR. E. L. M'GEHEE.

A. P., in eighth month of pregnancy, was stabbed with a small, but long, blade of a pocket-knife four inches below the ribs and two inches to the left of the median line, inflicting a wound about two-thirds of an inch wide, and about two and one-half inches deep.

Considerable liquor amnii, and a little blood escaped; a piece of omentum, one and a half inches long, protruded.

The hernia was reduced, a stitch put in abdominal wall to secure it, and opiates administered. Eighteen hours afterwards, a well-developed, but asphyxiated, child was born, which could not be resuscitated. During the throes of labor, the wound opened. On our next visit, for we did not see her while in labor, we found a larger piece of peritoneum protruding, congested, bruised, of dark color, yet pulsating. What to do at this stage of the case was perplexing. To enlarge the opening, which would have been necessary to reduce, or to cut off the hernia, would be attended with risk of internal hemorrhage, peritonitis,

etc. Any active interference in this puerperal state, when inflammation is so easily lighted up, might complicate matters. Influenced by a valuable suggestion made by my colleague, Dr. J. F. Therrel, I decided upon the heroic course of letting her alone and allowing the excision to be done by "Dame Nature." After passing a suture through the edges of wound and hernia, thus preventing any more escape of omentum, the wound was covered with a light dressing constantly saturated with sol. of corros. sublimate, 1 to 1,000. Meeting constitutional symptoms as indicated, we were gratified to see our patient recover, the hernia gradually disappeared as the opening closed. The adhesion causes some pain when in certain postures. The patient is again pregnant.

A Case of Laceration of Bladder, with Probable Wound of Intestines.

REPORTED TO WILKINSON COUNTY MEDICAL ASSOCIATION BY DR. J. C. ROBERT, OF CENTERVILLE.

Patient, a negro girl, 8 years old, was first seen, 11:30 A. M., June 27, 1885; had fallen two or three hours before (by breaking of a limb from which she was suspended by her hands) some three and one-half feet perpendicularly upon the sharp point of a china sprout that had been broken off and had become seasoned. There was nothing visible but a wound in the skin large enough to insert the end of the small finger, about one and one-half inches below and to the left of the urethral orifice, while half-way between the wound and the orifice, a rough, hard substance was felt and seen projecting just beneath the skin. Upon slipping the opening in the skin up over this substance, the end of the broken stick was visible, to dislodge and withdraw which required several vigorous attempts with a pair of common dressing forceps. It measured approximately six inches long by nearly one-half inch diameter at its large end. During treatment an additional piece, one and one-half

inches of the small end, escaped from the wound, making a total length of six and a half inches. On laying the stick upon the abdomen, with one end over the wound, it reached to within two and a half inches of the umbilicus.

Urine followed the stick upon its withdrawal. Two hours after this, about an ounce of urine was passed by the catheter. It was nearly all clear, a little of it being slightly tinged with blood. The bladder was torn, and the intestines could hardly have escaped the same accident. For days there was great tympanitic distension, with more or less abdominal pain and tenderness. On the 12th day after injury, pus began to escape—about a teacupful suddenly came. This flow continued till next day, when a quantity of dark blood passed, with clots. At my next visit after this occurrence, (15th day,) I drew off two or three ounces of bloody purulent urine. The varying symptoms were treated as they arose, especial attention being given to keeping the bowels perfectly quiet for eight days. The bladder was washed repeatedly with solution of bicarb. of soda.

One month from date of injury, pus was flowing more or less constantly from wound, and occasionally urine, also. She was much emaciated, but, upon a bitter iron tonic, with cod-liver oil, she went on to perfect recovery.

Pistol Shot Wound in the Chest.

BY JOHN M. WHITSON, ORWOOD, MISS.

On the 21st of August, I was called in to see Thomas Bowles, age 21 years, who had just received a pistol ball through his left breast. The ball entered the fourth intercostal space, ranging backwards and downwards, and came out between the sixth and seventh ribs, same side, five inches from spine.

I found him in severe shock, semi-conscious, and pulse scarcely perceptible, with slow and irregular breathing, and in clammy sweat. Reaction soon came with vomiting

of blood, and great pain and oppression through the wounded side. At this time, Dr. N. C. Knox came. We together finding fever high, put him on morphia and veratria, sealed wound with adhesive plaster, and had cloths wrung out of cold water put to the chest. This, with quinine and saline cathartics, constituted the treatment during the inflammatory stage.

On the night of the third day, when apparently doing well, his pulse and temperature suddenly fell, and there were certain sounds referable to the heart and head by patient and attendants in the room, as if that organ were beating and plunging in water. On the fourth day this sound disappeared, and indications of pericarditis were left instead. At this time Dr. J. M. Cloud came into the case. We diagnosed a pleuritic effusion, and having failed with remedies, as blisters, iodine and cathartics, we called in Drs. T. J. Rogers and J. M. McFarland, who aspirated in the sixth intercostal space, and drew off thirty-two ounces of dark, serosanguinolent fluid with marked relief. Dr. Cloud and I repeated this operation a half dozen times, when demanded by the symptoms, and drew away like quantities with relief as at first. When the serum stopped flowing, as if a cavity was emptied or the needle was plugged, we introduced nearer the axilla a trocar and canula and got sixteen ounces of thick sero purulent fluid from another cavity. It was now evident that we had a multilocular effusion to deal with. Some time after the trochar was used his breathing became oppressed with palpitations of the heart and general dropsy; left chest bulging forward in advance of the right. We cut into the fourth intercostal space with a knife just under left nipple where tissues were crepitant on pressure, and got a wash basin full of putrid serum. Introduced aspirating needle two ribs below and drew off two gallons of the same liquid. It had the odor of sulphuretted hydrogen gas. Inserting a drainage tube we washed out the cavity with carbolized water daily and injected a 25 per cent. sol. of tr. iodine. Under this treatment, with tonics, he gradually recovered, making a narrow escape from capil-

lary hemorrhage, in the meantime under treatment of Dr. Cloud.

Excision of a Tumor of the Face.

BY J. M. WHITSON, ORWOOD.

On the 1st of May, 1884, I was called to see Miss Margaret A., aged 56, who was the subject of a tumor on her left cheek-bone just under the outer angle of the eye. The tumor was the size of a hen's egg, and somewhat similar in shape; was semi-elastic and devoid of cuticle, having protruded through the broken surface of an old ulcer of nine years' standing. Around the base of the tumor where the skin came in contact with it there exuded an ichorus pus.

Dr. N. C. Knox having administered chloroform, two curvilinear incisions were made along the base of the tumor and then dissected from the bone. Owing to the long continued congestion of the parts, hemorrhage was profuse. The gap left by the incisions being too wide to suture, the edges of the wound were approximated by small strips of adhesive plaster and cold-water dressing applied. On each succeeding day new strips were substituted for the old ones, the edges of the wound being drawn still nearer together, until finally the wound healed almost by the first intention, and now a small, white line marks the spot where the old ugly tumor once was.

Extraction of a Calculus from the Urethra of a Two Year Old Baby.

BY J. M. WHITSON, ORWOOD.

On the 23d of July, 1884, was called to see Clarence M., a boy baby, twenty-four months old, who had been suffering with retention of urine for eighteen hours. On

examination it was found that he had congenital phymosis and his water was coming away in drops from the constricted preputial orifice. At each attempt to introduce a catheter the point of the instrument would slip down from the meatus over the sides of the glands. Slitting up the prepuce over a groove director and retracting it, a dark-gray stone was seen, completely filling up the orifice of the urethra. Enlarging the meatus a few lines, it was easily extracted with the spoon end of grooved director. The catheter was introduced and a considerable amount of water was drawn off to the great relief of the little sufferer. The stone was the size of a pea and seemed to be of the uro-ammonia kind.

It is suggestive to add that a few months previous to the exit of this stone he had a spell of hæmaturia, which passed off under diuretic remedies.

Don't Mix Surgery and Obstetrics.

SOME CASES IN POINT, BY DR. LUTHER SEXTON, WESSON.

Shortly after the great cyclone that visited Wesson and Beauregard a year or two ago, we had, as a natural consequence, a large number of gangrenous and erysipelatous wounds to dress. One of our confreres had at the time two obstetric engagements, both of which followed each other in quick succession, as regards confinement and refinement on the other shore, from which no traveler returns.

The doctor in question was so placed that he was daily compelled to attend two or more gangrenous and sloughing sores. During his attention to these patients, he was called upon as accoucheur in the above mentioned cases. About one week after each confinement, the patients were taken with chill and high fevers, retching and vomiting of bilious matter. Tongue heavily furred at first, becoming red, dry and dark as the disease progressed. The skin, hot, soon became bathed with profuse perspiration; the

pulse soft and extremely rapid, as much as 150 per minute; the mind unsettled, muttering delirium, extreme prostration, carphologia subsultus tendinum; urine scanty, high-colored; very offensive, watery discharges from the bowels. The rigors became more and more marked as the disease progressed. A peculiar, sweetish odor about the breath. The extreme intensity of the pyæmic poison seemed to be reached, and the vital powers soon gave way, superinduced by gasping respiration, and the pulse running and fluttering, at times almost imperceptibly. The nervous system becoming profoundly affected, the patient soon sank into that sleep that knows no waking.

Many theories have done duty in explaining the cause of this dreadful malady, but only in recent years has any approach to unanimity been attained. As a rule now, (though some do not conform to it,) septic poison bears the full blame of this disease. Hypocrates held that it was always due to resorption of decomposing material of the retained placenta, but quite a change has come over the spirit of the profession since those good old days. Denman was the first to point out the possibility of manual propagation, and Semelneis later showed the danger of congregating a large number of lying-in women into one apartment, where organic decomposition is so readily brought into contact with the fertile soil found in every recently delivered woman. The connecting link existing between erysipelas and puerperal fever seems capable of clinical proof. The risk of the accoucheur making post-mortem examinations, attending surgical cases and lying-in patients at the same time has long since been pointed out, but in the country it is next to impossible for a practitioner to confine himself to any one particular branch If the country physician expects to see cases of erysipelas, dress sloughing wounds, and upon the same day, and perhaps upon the same trip, visit the lying-in chamber, the greatest precaution and the most active disinfectant measures should be used.

The cessation of epidemics of this disorder and the greatly lessened mortality in our lying-in hospitals both

are strong proofs in favor of careful disinfection; but after all measures have been adopted, we find that in some mysterious way, after we have disinfected ourselves thoroughly, after the most approved plans, still we are the carriers of this contagion and the indirect cause of the death of our patient. It is therefore best under the circumstances to refer all obstetric engagements to some other member of the profession whenever we are attending cases where there would be any likelihood of contaminating our patient, or, in other words, if you wish to keep your conscience clear, don't mix your surgical and obstetric practice together.

Fl Ext. Marigold--Extensive Burns.

BY DR. SEXTON, WESSON.

Having had a series of severe cases of burns during the past year, I have thought my experience with the fl. ext. of calendula officinalis might prove of interest to the profession.

My first case was a little child, severely scalded by pulling over a pot of boiling water. This burn might be classed of the secondary degree. I ordered a drachm of the fl. ext. calendula to an ounce of the ordinary carbolized oil, and had the most satisfactory results. The child hushed screaming as soon as the oil was applied, and made a rapid recovery in two weeks time. The skin had peeled off from elbows down to the hand.

The second case was one where the clothes had caught on fire, and was more or less burned all over the back. In some places even the flesh was charred.

The same application was made, with equally gratifying results. The carbolized oil of itself is a good dressing, but its healing properties are increased ten-fold by the addition of a drachm of marigold to the ounce of oil. It has another advantage of rendering the oil much less offensive to the olfactories. The odor of marigold is

pleasant, and it makes an efficient dressing in cases of severe ulcerating sores and wounds. I found it of invaluable service in treating the extensive wounds and lacerations after the cyclone at Wesson and Beauregard, and deemed it of sufficient importance to especially call the attention of members of our Association to its virtues.

NEEDLE IN THE FOOT FOR EIGHTEEN MONTHS.

BY DR. SEXTON, WESSON.

March the 10th, I visited a patient who had suffered for eighteen months with half of a needle in the foot. While walking through a dark room without shoes upon her feet, she stepped on a needle, piercing the foot about the middle of the sole. At the time of the accident, I was called, and made as vain a search as if it had been the traditional needle in the hay-stack.

At my second visit, eighteen months later, I was more successful. There was a small swelling on the dorsal surface of the foot between the first and great toe. I lanced this swelling, and about one drachm of healthy pus escaped. Upon examination, I found the needle to be the source of irritation, and extracted it, finding it corroded black, and about worn in two from the action of the tendon of the tibialis anticus and the extensor communis digitorum. The patient stated to me that she could never stoop down resting her weight on this foot, nor was she ever able to wear a tight shoe. The transit of this needle through the foot consumed eighteen months time, but how it ever got through the multiform joints and bones peculiar to the tarsus is something wonderful to me.

PIRIGOFF'S OPERATION.

BY DR. T. P. LOCKWOOD, CRYSTAL SPRINGS.

I was called on the 2d day of December, 1884, to see a

negro boy, Henry Bailey, aged 12 or 14 years, who had fallen beneath the cars and caught his left foot between the wheels and the railway, making an ugly wound. I hoped that I might be able to save the entire foot, and determined to make the attempt. I re-adjusted the broken bones and lacerated flesh as best I could, brought the wound together and fastened by sutures and adhesive strips, and bound it up with antiseptic dressings. After the lapse of a week it became evident, from gangrene and sloughing, that the foot must be amputated, and on the 9th day of December, with the polite and generous assistance of my friends, Drs. R. E. Jones and C. R. Smith, and my father, Dr. E. T. Lockwood, I performed Pirigoff's operation at the ankle. After chloroform and the application of Esmarch's bandage and the tourniquet, the knife was passed under the foot and then over the arch, from maleolus to maleolus, then swept around the astragalus, and disarticulated the joint. The end of the calcis and lower ends of the tibia and fibula were sawn asunder, and by the ready assistance of Dr. Jones, the bleeding vessels securely ligated. After all bleeding had ceased, the heel was brought forward, the bones nicely adjusted, and the wound closed with sutures, secured with adhesive straps and bound up in antiseptic dressings. The boy did well, the wound healing kindly with but little trouble, the bones united firmly, and the boy is now very nearly well, with a good stump and a limb nearly as long as the other.

Two Operations for Lacerated Perineum

BY W. B. SANFORD, CORINTH.

Since the last meeting of this Association I have operated on two cases of lacerated perineum both typical and alike in almost every particular. Both were in first labors, and had existed, one five, and the other seven months. Each was attended with itching and burning of the parts and frequent desire to evacuate the bowels. Both had leu-

corrhœa profusely, and as usual, the sufferers presented a forlorn, disconsolate appearance, feeling, as they said, as if they were ruined for life.

In one case I had the valuable assistance of Dr. R. M. Young; in the other, I had only the husband and a lady friend. The lacerations extended through the vagino-rectal septum up to the arms. The mode of operating was simple, easy and successful. The purfoces were carefully vivified, and then with deeply imbedded sutures of silk drawn firmly together. Patients were kept perfectly quiet in bed with the thighs bound together, and the urine drawn by the catheter. Tepid soap-water, followed by a weak solution of lead in water, were used twice daily to the vagina. Patients both did well and made speedy and satisfactory recoveries.

Tracheotomy.

BY J. W. BENNETT, M. D., BROOKHAVEN.

On the 12th of September, 1885, a white boy, two and a half years old, was brought to me from a distance of twenty miles, with a watermelon seed in his trachea. It had been there ten days, and he was now breathing with great difficulty.

After a brief consultation with Dr. Bowen, we proceeded to open the trachea. The incision was below the cricoid cartilage and was made without much difficulty, as the patient breathed more freely under chloroform than before. When the trachea was exposed we waited till all hemorrhage had ceased; then an incision three-fourths of an inch long was made into it from below upward. Immediately a paroxysm of coughing came on, and the seed, together with a great quantity of viscid mucous, was expelled. The breathing was at once so free and easy that I applied a stitch and a strip of adhesive plaster to close the wound. In half an hour he walked about, was very cheerful, and ate milk and rice at the table; was very hungry and exhausted.

In the course of a few hours I saw plainly my error in closing the wound, for I was compelled to reopen it and insert the camela, and watch the case day and night for eight days to keep the tube open. Viscid, tenacious mucous, was constantly being expelled, and would adhere to its inner surface, requiring every sort of device to clear it out. Feathers, mops, probes and succors were all tried in turn, but the small wing-feathers of the chicken answered best—a simple instrument, but one not to be despised.

The camela was removed on the 12th day, and the wound closed soon after, leaving voice and respiration natural.

Two Operations for Strangulated Inguinal Hernia

BY W. B. SANFORD, CORINTH.

In the first case the bowel had been down forty eight hours, and had resisted the most scientific efforts at reduction, the patient being in the hands of Dr. R. M. Young, who had tried taxis with and without chloroform all to no effect. The sufferer was Mr. David Horn, living near Corinth. I visited him on the night of the 10th of November and found that surgical interference was positively indicated, and agreed with Dr. Young that it should be done immediately. We had but a dim light, and the doctor could not trust his eyes, so he called upon me (a young doctor) to operate.

At his request, when the patient had been chloroformed, I cut down upon the sack, and finding a distinct fluctuation, we aspirated the tinder and drew away four ounces of straw-colored serum. This, however, did not affect the stricture. I then entered the sack in order to ascertain the true condition of the bowel, there having been fears of gangrene. Finding it in favorable condition the stricture was nicked and the hernia returned. The patient did well upon simple treatment, and was up in three or four weeks.

CASE 2D.

Mr. George Yates, living between Corinth and Kossuth,

was seen in consultation with Drs. Bynum, Young and Simmons. The hernia had been down three days, and failing at reduction by taxis in various positions, we agreed to operate. Accordingly, when the patient had been prepared, by request, I made a longitudinal incision over the sack, carefully dividing the coverings, cut the stricture and returned the bowel. In this case the sack was aspirated and three or four ounces of serum removed before the operation, and I suggest that aspiration and removal of the fluid might be oftener done as an aid to reduction by the taxis. Before operating tension might be relieved and relaxation to the strictured portions follow.

Aneurism of the Femeral Artery, Gangrene and Death.*

January, 1885, I was called to see Dr. J. B. Catchings, of Copiah county, and found him with intense pain from a tumor on the inner side of the left thigh which I found to be an aneurism. Dr. C., at various times, had suffered with rheumatism in different localities. The tendency to inflammation of the fibrous structures had two months previously shown itself in the femoral artery. This, in his weakened condition, previous attacks of malaria with atheromatous degeneration of blood vessels, ended in a rupture, and thus began the tumor that had now gradually increased to the size of the doubled fist. A pulsating tumor with a distinct aneurismal bruit that could be stopped by pressure upon the artery, made the diagnosis very clear. I had procured absorptive catgut ligature so as to close the wound at once after ligation, but after seeing the weakened condition of the patient, the cork-like feel of the arteries indicating atheromatous degeneration, and knowing the strain that would be put upon collateral vessels, we, Drs. Smith, P. Catchings and Alford, concluded that a more gradual occlusion would be preferable to the ligature. With this idea, we put the tourniquet on over the vessel just as it came from the pelvis, but the purpose was in-

completely accomplished; so we decided to try digital compression, having a number of relays at hand with ice-bags over the tumor. This was less painful than the tourniquet and accomplished the purpose better. A brandy toddy and morphia and morphia and atropia hypodermically braced him for the work. By changing relays we kept pressure on for six hours when we found the tumor much smaller and harder, and pulsation scarcely perceptible. Used artificial heat to keep the limb warm. Pulsation at the heel was absent, but returned the next morning, giving us new hope. We gave him a nourishing diet and used bromidia and morphia freely to allay pain.

In order to retard the circulation we applied an elastic bandage to the entire limb and an ice-bag to the tumor. In one hour after this treatment was begun the tumor was much smaller and continued to decrease and harden. After six hours further digital compression it was found completely solidified. Compression was then taken off and every effort made to keep up the collateral circulation; but despite these efforts, in two days we had the discoloration of gangrene which rapidly increased and ended in death.

Amputation was contra-indicated in this case because of the general weakened condition of the patient. Ligation was equally impracticable in an atheromatous vessel. The plan of treatment adopted is approved by surgeons, and I have seen it successful with Dr. T. G. Richardson, of New Orleans, and consider it preferable to all others in cases like the one just given.

*The committee regret being unable to give the name of the contributor of this paper—the note accompanying same having been misplaced.

Wound of Abdomen from Kick of a Horse

BY DR. J. W. DULANEY, ROSEDALE.

March 2d, 1886, I was called to see Mr. L. H., aged 49. Found him in violent pain from the kick of a horse, which, though unshod, inflicted a wound entirely through the ab-

dominal tissues, fracturing the anterior spinous process of the ilium. The wound was three inches long and had the appearance of being made with a knife.

I found his pulse very small, thread-like and rapid; large drops of perspiration were standing out on face and neck; temperature 95; frequent rigors; profuse hemorrhage. Administered one-third grain of morphia, used cold compresses to wound, and had patient to lie as much as possible on right side, so that the blood would not be locked up in the abdominal cavity.

From March 3d to the 8th, pulse, temperature and respirations were carefully taken and noted and indicated severe shock, and subsequent reactionary pelvic pains were constant and severe, and serious difficulties with kidneys and bladder. There was possibly peritonitis, as a complication which gave severity to all the symptoms, and made the case one of danger. By the 15th, pulse and temperature were natural and wound discharging satisfactorily, suffering only when he moved his leg.

Case is reported because of its rarity and because of the recovery of a fracture of the pelvis bones.

This report will close with a contribution of my own, consisting of an account of tumors seen in the last two years.

Tumors now are matters of special interest and are being investigated and reported upon more than at any time previously both by surgeons in this country and in Europe. And Billroth, the prince of European surgeons, gives one hundred and forty-five pages of his great book to the elucidation of this subject. This writer and great operator is evidently fond of tumors, and his descriptions are of the enthusiastic sort, like that of the gourmand describing something for the palate. He takes pains, even, to write up and illustrate that little tumor that comes at the wrist, known by surgeons as a ganglion. It is connected, as you know, with the sheaths of the extensor tendons thereabouts, and is a deformity and great inconven-

ience. His investigation developed an operation, and in June, 1886, I had an opportunity of testing it.

A lady brought me two children, each with a ganglion, and it was important that the tumors should disappear and leave behind no adhesion between sheaths and tendons to which they were attached. After benumbing the parts with cocaine I entered the skin one inch from the tumor with a disinfected tenotome, passed it into the sac horizontally, and with the point of the instrument incised and scarified it, so that it could not possibly reform as a sack or refill. I pressed out the gelatinous fluid as I withdrew the knife and applied a wet compress and bandage to the wrist. This was worn ten days, and when removed every vestige of both tumors was gone.

July 14, 1884, I ligated a large vascular tumor of the rectum, in a gentleman from London, temporarily in this country. He was a man of fine stature, and in fine health and spirits, but greatly troubled by the bleeding and the prolapse of the tumor at each action. It was pedunculated, fibrous at the centre, and villous or sponge-like upon the surface, and bled profusely at the handling necessary to return it to the rectum, whenever the bowels acted.

Under a combination of ether and chloroform, administered by Dr. Kells, and assisted by Dr. Morgan, I put a strong cord around the pedicle and tied it with all my strength, and at once removed the mass with curved scissors. Just as I had gotten it away, he suddenly jerked from me and pulled the ligature off. In an instant, the pedicle mounted high up in the bowel, and a furious arterial hemorrhage followed. Confusing and blinding as it was, for I was covered with blood, and my patient resisting and difficult to control, I got two fingers into the rectum, found the pedicle, and partially compressed it. Then, with difficulty, for it was very high up in the bowel, I caught the pedicle with a tenaculum, and drew it down to the sphincter. When in sight, I inserted another tenaculum for security, and held by both until the base could be transfixed with a needle, carrying a strong, double

thread, and tied each half separately. Not until this was done, had I felt that my patient was safe.

July 25, 1884, I ligated a large uterine fibroid, that hung by a bulky pedicle, through the cervix, from its attachment at the left lateral wall of the body of the womb.

The patient was a respectable colored woman from a distance. She had been reduced, by constantly recurring hemorrhages, and was for months confined to the bed, as was supposed dying of cancer. Until I saw her, she assured me that she had never been examined, not even by the touch.

The diagnosis was not difficult, nor was the application of the ligature. In a few weeks, she was well.

In the spring, twelve months ago, I observed, passing upon the streets, a very handsome young girl. She was simply clad and modest, and hurried along the street, unconscious of herself or of being observed.

I saw, when her back was turned to me, a most disfiguring tumor jutting out from her cheek. It was very prominent, and I wondered that she could be upon the streets, apparently forgetful of it.

To find out who she was, I moved hurriedly toward her, but she disappeared in the crowd and was gone. I inquired for her for days, but could not find her or get intelligence of her. Some time passed, and she and the tumor were given up; but the tumor came again, nevertheless. I saw it in the distance, and knew it at a glance, as the young girl approached. I made known the object of my waiting, and having her permission, proceeded as delicately as possible to examine the tumor.

Located as it was, it was a very ugly thing, as large as a hen's egg, with a broad base firmly implanted upon the cheek. Its entire surface was hard and unyielding, and not at all sensitive to the touch. It had been growing slowly for many months, but was now increasing in size rapidly. I was impressed with the solidity of the tumor, and thought its removal would probably be difficult.

My friends, Drs. Kells, Morgan and Hunter, accompanied me when I went to operate.

As a diagnostic, immediately preceding the operation, a puncture was made into the tumor with a hypodermatic needle. This, to our surprise and very great delight, demonstrated that the tumor was not a fibrous growth, nor a solid of any sort, but a simple sac full of gelatinous fluid.

With cocaine to lessen sensibility, I incised the apex and let the contents out, and thoroughly applied iodine to the sac, that prevented its return.

Another case I will allude to, because of one point of interest: It was an elderly gentleman near Bolton, whom I visited November 30, 1884. The chief suffering in this case was in the passage of water, and arose from a very tender and much enlarged prostate gland, one lobe of which had recently suppurated. I was told that the abscess was probably caused by an inexpert use of the catheter at the beginning, probably non-professional, and this had given gravity to the case and greatly increased the suffering.

I found hemorrhoids that were tender and enlarged, that I regarded an obstacle to recovery, that I at once ligated. The most soothing after-treatment was advised, and a Nelaton velvet-eyed catheter made to take the place of the gum instrument that had to be introduced twice a day.

This gentleman improved uninterruptedly, and was soon in comparative health.

In October, 1884, I had a case very like this, in a prominent merchant of Terry, in this county, who had great difficulty in passing water, and suffered intensely from piles. The latter were old, but very large and tender. They were upon the outside and upon the inside, and were never comfortable. The pain was such that he could not eat nor rest, and when I found him, he was in bed, where he had been for months, suffering and in despair.

Under anæsthesia, assisted by his accomplished physician, Dr. D. L. Rawls, I put ligatures around every hemorrhoid in sight, every bunch of varicose veins and the mucous folds that hung in the way. I then drew upon the ligatures so as to expose the interior of the rectum full length, that

nothing might escape, and found it smooth and unobstructed.

This gentleman had submitted to this treatment without a particle of confidence, and when I spoke of curing him, did not believe me. Now, when it was finished, I left him with the assurance that in ten days or two weeks, he would be well; and he was.

March 7, 1885, I was called to a neighboring village to see a lady affected in some particulars like the two just given. I found hemorrhoids aggravating an already deranged condition of the pelvic organs, that had to be removed before a cure could be effected, or even temporary comfort given her. This was done, and when subsequently the tumors came away, there was a prompt subsidence of the general hyperaesthesia of the parts, and particularly of the hurting at the neck of the bladder, from which she had suffered so much.

My attention at this visit was called to a tumor upon the crest of the ilium that had appeared in a few weeks and was still enlarging. It was a hard tumor could be handled without pain, was in length about five inches, and two or three above the surface.

The location and rapid development forbade the idea of malignancy, and I so said, but obscure and undeveloped as it was, we had to wait.

A few weeks afterwards I was passing this place upon a railroad train, and was hastily called from the car by her physician. The tumor just burst and they wanted me to see it.

I found that it had greatly enlarged since my visit, and had pointed near the umbilicus. It was really a pelvic abscess and had reached the crest of the ilium when first seen by me. Thence it dissected its way upward between the flat muscles of the abdomen until the matter had reached a bursting place. I was very glad, now in concert with my friend Dr. Alexander, to be able to allay all apprehension as to the result, and to say most cheering words to this little lady, who was weak and suffering and depressed. Under the kindly attentions and skill of this

gentleman, Dr. A., she soon grew stronger and better, and was ultimately well.

Near Forest, Miss., there was a tumor case that for years had excited general interest. It was on the person of a lady of high position, who was compelled to give up society and seclude herself because of its size. It was a simple fatty tumor, located prominently upon the scapula, and projecting upwards almost as high as the head. Its removal was regarded hazardous, and the relatives had such apprehension of an operation that it had been from time to time indefinitely deferred.

My friends Drs. Halbert and Lea, of Forest, determined, in consultation, to invite me to see it, and Dr. Halbert paid me the courtesy of coming in person and taking me over. This was one of my earliest operations with cocaine and one of the most successful.

A five per cent. solution (of cocaine) was drawn into a hypodermic syringe and deposited underneath the skin, drop by drop in separate punctures along the track of the proposed incision, over the top, down the side and including the broad base, deadening for a twelve inch cut.

In a few minutes sensibility was gone. She lay upon her face, back upward, perfectly conscious, and did not move or wince when the knife swept through the tissues and the fastenings and adhesions of the tumor were torn from the muscles underneath. The tearing with my fingers, I expected would make her cry out, for the cocaine had not been given to the deeper parts. But the absence of nerves of sensation there rendered anæsthesia unnecessary. Nature, you know, does not put nerves where she does not want feeling.

In my double hands I lifted the mass from its bed, and rolled it into a large bowl which it nearly filled; the lady felt nothing and knew nothing of this and would not believe it until she saw the tumor in the bowl.

But I lost a tumor case that came to me, one of interest,

and it is but fair that I should tell you about one that did not get well.

Away back two years ago there came from the East a fine looking, healthy young man, a farmer, who had a large tumor that he wanted removed. He asked me at his first visit a great many questions about the tumor, and the operation necessary to remove it, and the probability of its being done safely, etc., to all of which I replied most encouragingly. In a few weeks he returned and brought his physician, Dr. Bowles, with him and a brother, and was now ready for the operation. It was August, and very hot, but we had a well ventilated room, plenty of ice and above all just the assistance that I wanted.

Dr. Kells put him carefully under chloroform and ether, and Dr. Hunter and Dr. Bowles were at my side to assist.

I commenced with a rapid cut in the length of the tumor and with the fingers and the handle of the knife went carefully to work at detachment and enucleation. Before this was completed those who watched the pulse and breathing soon saw that both were wrong, the heart was failing and the breathing was feeble and difficult. Satisfied that he was sinking, the four physicians present went actively to work to keep him alive, and for three hours used every known means of stimulation and resuscitation. When he could no longer swallow, and long before he quit, we had resorted to rectal and hypodermatic injections of alcoholics, ethers and atropia, alternating and varying them as our judgments dictated, and as they seemed to accomplish most good. At the very first the head was lowered, and the foot of the table raised that the brain might get more blood and keep alive and at work. We were at last rewarded by a slow reaction and a partial return of consciousness. He was watched and cared for all night and next day, but noon came and with it heart failure, general depression and congestion again, we battled with it as it approached, but could not avert its termination in death.

During the excitement and confusion of the first paroxysm I detached the tumor from its bed and held in

my hand the first and only specimen I ever saw of the true Melanosis, or black cancer.

February 23d, just passed, there was brought me from a distance another tumor in a young girl, which from its location, and the extreme suffering attending it, excited great sympathy and apprehension. No examination had ever been made of it, and nothing was known of its character Guided by certain questions and answers I sought the cause and found it.

Under a good light, in presence of a devoted aunt, I separated the *labia externales* and found a very large vascular caruncle. It was a typical tumor, of the color of coral, and in contrast with the pink that surrounded it. It sat upon a pedicle on one lip of the meatus, and was washed and burned by every drop of urine that came from the bladder.

For many months she had borne this agony as best she could, but now had left her home and was hunting desperately for relief. If this tumor was alone the cause of her suffering, as I firmly believed, relief was certain and near at hand. The cocaine constantly applied soon reduced the extreme tenderness, so that I caught the tumor upon a tenaculum and snipped it away with the scissors, applying a strong acid to the base that it might never trouble this poor girl again, and it never did.

So far, gentlemen, I have given you only the milder forms of tumors—those that simply require removal, that do not recur, do not infect the system, nor endanger life. This is pleasant work, for your patients live and give you praise. But there is another side to this question of tumors, a darker and more hopeless side. A tumor comes and you remove it, but almost immediately it comes back. You attack it a second time with knife and curette and cautery, and take it away clean from the tissues, and leave a great wide place, that looks surgical and brave, but it springs again from the margins before nature

has filled the hole, or appears in a gland close by in readiness for another cut.

But there is a more hopeful view of these malignant recurring tumors, and the great mass of the profession have seized it with avidity and are acting upon it to-day. Goodell, in this country, teaches it, and Billroth, of Central Europe, inclines to it and acts upon it; and that more hopeful view is, that cancer is local and not a disease of the general system. That the germ is planted in a particular spot, or more than one, and the remedy is speedy and ample removal, it must be cut out, or gouged out, or burned out. If every germ is removed it cannot recur.

From this teaching I deduce this rule: as soon as malignancy shows itself take it out; if it recurs, remove it again; and the third time, if it comes back, and so with the fourth. Let extirpation, or the hot iron, or some killing acid follow quick and fast upon every reappearance of this terrible growth. Billroth, if I read him rightly, thinks there is a form of tumor very like cancer, but very much milder. This growth looks like cancer, appears in like regions of the body, recurs when removed, but does not infect the glands nor the general system to the same extent, nor is its fatality so marked. He denominates it cancroid. Its study will be facilitated by cases, and one or two I will give you.

The first was in a man of sixty-five, vigorous in mind and body until seized upon by this tumor. He waited for months before he came to me, and looked as sullen as a bear when he did come. A desperate necessity was driving him, or he would never have asked for help.

His thin, bent form, and tottering gait, and face with a living growing horror upon it, was a combination in which there was not much hope. You could hardly expect to remove that tumor and leave life behind.

It was an irregular nodular mass that had infiltrated the tissues of the cheek and face, five inches in its length and three inches above the surface. Two or three nodules had ulcerated and were discharging, but the glands were not involved though the tumor had been growing for many months.

For its removal Volkman's method was regarded best, and after infusing him with all the strength possible, and waiting till there was recuperation and semblance of life, I undertook it, and with the curette serrated scissors and spoons, accomplished it. In forty days there was a decided reappearance of this growth; again I removed it. The first operation necessitated the destruction of most of the branches of the facial nerve, the great motor nerve of the face. There is, consequently, paralysis of all the muscles of expression of that side, and the mouth is drawn out of position, and for eating or talking has to be hooked back with the finger and pulled into place.

In two months and a half the third removal became necessary. In addition to the curette I used the actual cautery freely; but this, though thoroughly done, did not arrest it.

August 24th, we saw him again. The tumor was now much larger than ever before. He could not sleep, rest nor eat. The case was desperate and yet we determined upon one more extirpation, and that by the actual cautery. A tinner's furnace and numerous cauteries down to knitting needles were in readiness, and our patient, though protesting against it, was put under an anæsthetic. I then applied with great care to every particle of that livid, ulcerating mass those burning irons, going deeper and deeper as the tissues indicated an extension of disease, burning, crisping, baking everything as they went. Where it had gone down the neck, endangering vessels and nerves, I drew it out with hooks and perforated it with hot needles until reduced to an absolute crisp. At last it was finished, and there was not a vestige of tumor left; nothing but an unsightly, blackened excavation.

On the 13th of April, eight months after the operation, I visited this case again and found that the tumor had not returned, and the man's general health had so improved that he was regularly attending to his business.

THE CHARTER

OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

To all whom it may concern:

Be it known that A, B, C, D, E, F, &c., and their associates and successors are hereby incorporated under the name and style of The Mississippi State Medical Association, and by this name shall be known and designated, shall sue and be sued, plead and be impleaded, in any courts of this State. Said corporation may acquire and transmit real and personal estate; adopt a corporate seal, and alter or change the same at pleasure. Said corporation shall be perpetual, and may adopt any by-laws not inconsistent with the constitution and laws of the State of Mississippi; may adopt a code of ethics, and means to enforce the same, and prescribe the terms and conditions of its membership; may elect and prescribe the duties of all officers for its self government; may prescribe the terms and conditions upon which local medical associations in the State can be represented in this Association; and shall have all the rights, powers, privileges and immunities granted to similar corporations in Chapter thirty-eight of the Code of 1880, and the amendment thereto, adopted in the Acts of 1882. The objects and purposes of this corporation shall be the advancement of knowledge upon all subjects connected with the healing art, the elevation of character and the protection of the proper rights and interests of those engaged in the practice of medicine, and the study of the means calculated to render the medical profession most useful to the public, and subservient to the great interests of humanity.

This charter shall go into effect and be in force from and after its approval.

BY-LAWS.

AS AMENDED AT THE ANNUAL SESSIONS 1884, 1885.

ARTICLE I.—MEMBERSHIP.

SECTION 1. To entitle a person to membership in this Association, he must be a graduate of a respectable medical school, a licentiate of some approved medical institution, and of good moral and professional reputation.

SEC. 2. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage for sending his prescriptions to said apothecary, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member.

SEC. 3. Every candidate for membership shall be proposed in writing by three members, giving postoffice address, school, and date of graduation.

SEC. 4. All propositions for membership shall be referred to the Judicial Council, who shall inquire into the character and standing of the persons proposed, and report as to their eligibility for membership, as soon as practicable, when a ballot shall be gone into, and if two-thirds of the ballots deposited shall be in favor of the candidates, they shall be declared duly elected.

SEC. 5. Candidates for membership shall be balloted for in the following manner: The presiding officer shall appoint two tellers, by one of whom each member present shall be supplied with a slip of paper on which to write the names of the candidate or candidates for whom he intends to vote, and no member present shall be excused from voting unless by consent of the Association. The second teller shall collect the ballots, and the same being counted

by himself and colleague, they shall announce the result by simply stating the number of votes deposited for each candidate.

SEC. 6. A member elect before being admitted to the full privileges of membership shall subscribe to the by-laws of the Association, pay an admission fee of five dollars, be presented at one of the meetings, and make the requisite declaration.

SEC. 7. When a member elect is presented for admission into this Association, the presiding officer shall address him as follows: Having been duly elected a member of the Mississippi State Medical Association, do you solemnly declare that so long as you shall continue a member of the same, you will comply with all its laws and regulations, and use your best endeavors to promote its objects?

SEC. 8. Every member shall receive a certificate of membership, signed by the officers of the Association in the words following:

This is to certify that A. B. was admitted a member of the Mississippi State Medical Association on the - -day of——, A. D., 18—.

Attest:	C. D., PRESIDENT.	
R. S., Recording Secretary,	E. F., G. H., J. K.,	VICE-PRESIDENTS.
Seal.	L. M., N. O., etc.,	JUDICIAL COUNCIL.

SEC. 9. This Association may elect honorary members by a vote of three-fourths of the members, who shall receive the same form of certificate as other members, with the addition of the word "honorary" before the word "member."

SEC. 10. Honorary members shall not be required to pay annual dues, and shall have the privileges usually accorded to the honorary membership.

SEC. 11. All resignations of membership shall be made in writing and accompanied with a certificate from the Treasurer that all dues to the Association have been satisfied, but no member shall be permitted to resign while charges are pending against him.

SEC. 12. If any member shall violate the laws or regulations of this Association, upon a charge against him being presented to the Judicial Council, it shall be their duty to notify the accused member of the same, and if

after a due investigation, they consider the charge to be sustained, they shall report the case with their decision to the Association as soon as practicable, notifying the accused member of the time when the said report is to be made. If the accused member shall fail to come forward and exculpate himself, he shall be reprimanded or expelled by a vote of two-thirds of the members present, but no vote for the reprimand or expulsion of a member shall be taken, excepting at regular meeting, at which not less than twenty-four members are present, and of which meeting due notice has been given.

ART. II.—OFFICERS OF THE ASSOCIATION.

SECTION 1. The officers of the Association shall be a President, two Vice-Presidents, a Recording Secretary, an Assistant Secretary, a Corresponding Secretary, a Treasurer, and a Judicial Council consisting of nine members, who shall be elected by ballot annually, and shall serve for one year or until their successors are elected, except members of the Judicial Council, who shall serve for three years, as hereinafter provided.

SEC. 2. The President shall not be eligible for two consecutive terms.

SEC. 3. Nominations for delegates shall be made by a committee of three members, but any member shall have the right to make any nominations he may choose; *provided*, no member shall be put in nomination who is in arrears for his annual dues.

SEC. 4. It shall be the duty of the President to preside at all meetings of the Association, to preserve order and regulate the debates and other business according to parliamentary usage; and appoint all committees not otherwise provided for. He shall prepare and deliver at the opening of the annual meeting, an address upon some subject connected with the interest of the Association.

SEC. 5. It shall be the duty of the Vice-Presidents, according to seniority, to perform all the duties appertaining to the Chair, in the absence of the President; but if none of them be present, the Association shall elect a member to act as President *pro tem.*

SEC. 6. It shall be the duty of Recording Secretary to keep a correct list of all the members of the Association, arranged in the order of their admission. He shall keep accurate minutes of the proceedings of the Association, including the names of members in attendance; such

papers of the Association as are not necessarily recorded, he shall preserve in distinct and regular files, holding them always accessible to the inspection of the members; and he shall deliver his books and papers to his successor when he retires from office, and he shall be ex-officio a member of the Committee on Publication.

SEC. 7. It shall be the duty of the Assistant Secretary to give due notice of all meetings of the Association. He shall receive from members their initiation (admission) fee and annual contributions, and pay the same over to the Treasurer, and he shall assist the Recording Secretary in the performance of any duty that may be assigned him; and he shall be a member ex-officio of the Committee of Arrangements.

SEC. 8. The Corresponding Secretary shall conduct all the correspondence of the Association with individuals and societies, except such as relate to its pecuniary affairs. He shall read to the Association all communications and answers which he may have received or written during the preceding recess, and then deliver them to the Recording Secretary, and he shall have the necessary expense of the same defrayed from the funds of the Association.

SEC. 9. The Treasurer shall receive all moneys belonging to the Association and disburse the same as directed, by a warrant signed by the President of the Association and countersigned by the Recording Secretary; and he shall be ex-officio a member of the Committee on Publication.

SEC. 10. It shall be the duty of the Judicial Council to inquire into the character and standing of all candidates for membership, and report as to their eligibility as soon as practicable; to investigate any disagreement which may occur between members, and endeavor to restore harmony if possible. When a member is charged with an infringement of the laws of the Association, it shall be the duty of the Judicial Council fully and impartially to investigate the same, and if they deem it to be well founded, to report the case to the Association as soon as practicable, together with their decision.

ART. III.—MEETINGS OF THE ASSOCIATION.

SECTION 1. The regular meetings of the Association shall be held annually on the third Wednesday in April, at such places as the Association may designate, and shall continue in session from day to day until all its business be transacted.

SEC. 2. For the transaction of the ordinary business of the Association, twelve members shall be a quorum. For the election of officers, members and delegates, or for altering the By-Laws, twenty members shall be a quorum; for the reprimanding or expulsion of a member, twenty-four members shall be a quorum.

SEC. 3. Special meetings may be ordered by the President whenever requested in writing by twelve members of the Association.

ART. IV.—FUNDS OF THE ASSOCIATION.

SECTION 1. The admission fee entitling a physician to all the rights and privileges of membership of the Association, shall be five dollars.

SEC. 2. An assessment of not more than two dollars upon each member shall be made annually.

SEC. 3. Any member refusing to pay the amount of his assessment when applied to for the same, by the Assistant Secretary, shall be reported to the Association as delinquent, and in case payment be not made by the next regular meeting thereafter, he shall forfeit his right of membership.

ART. V.—ELECTIONS.

SECTION 1. No member shall be allowed to vote at any election who has not paid up regularly his annual assessments.

SEC. 2. In the election for delegates to the American Medical Association, the several portions of the State shall be equitably represented as far as practicable.

SEC. 3. Delegates to the American Medical Association, and to the State Associations or Societies of other States, shall be elected annually by ballot; *provided, however*, that by unanimous consent of the members present, the election may be made *viva voce*.

SEC. 4. Nominees for appointment by the Governor, as Sanitary Commissioners of the Congressional districts, shall be chosen by ballot, whenever vacancies occur in the State Board of Health.

ART. VI.—LOCAL MEDICAL ASSOCIATIONS.

SECTION 1. To secure uniformity and co-operation, all local medical associations in this State, desiring representation in this Association, are required to adopt the form

of constitution prescribed by this Association, to adopt the same code of ethics, and to pay to this Association a per capita assessment of not more than one dollar annually.

SEC. 2. Local Associations shall have the right of representation in this Association in the ratio of one delegate for every five or fraction of five of their membership, and said delegates shall have all the powers, rights and privileges of any other members of the Association.

SEC. 3.—All members of local associations shall have the right to participate in the meetings of this Association, to read papers and enter into discussions upon the same terms as other members, but they shall not vote, except through their delegates.

SEC. 4. Members of local associations, in all cases of complaint or division, shall have the right of appeal to this Association, and its decision shall be conclusive.

ART. VII.—STANDING COMMITTEES.

SECTION 1. The President shall, at each annual meeting, appoint a committee of three members, to be styled the "Committee on Contributions," whose duty it shall be to receive and consider all contributions of scientific papers, and report such as may be found worthy of publication, subject to the decision of the Association.

SEC. 2. The President shall appoint, at each annual meeting, three members, who, with the Recording Secretary and Treasurer, shall constitute a "Committee on Publication," whose duty it shall be to attend to the publication of the Proceedings, and such essays and reports as the Association may direct.

SEC. 3. It shall be the duty of the President, at each annual meeting, to appoint a committee of three, who, with the Assistant Secretary, shall be styled the "Committee of Arrangements," to make arrangements for the next regular meeting.

SEC. 4. At each annual meeting, five members, from different parts of the State, shall be appointed as a "Committee on Necrology."

SEC. 5. All standing committees shall be appointed by the President, with the consent and approval of the Judicial Council.

ART. VIII.—JUDICIAL COUNCIL.

SECTION 1. A Council, consisting of nine members, to

be styled the "Judicial Council," shall be appointed by the President, whose duty it shall be to use their best efforts to secure such legislation as may be needed or desired by the Association, making annual reports of its action, with such suggestions and recommendations as may appear necessary and proper to accomplish the objects and purposes of the Association.

SEC. 2. The term of office of the members of the Judicial Council shall be three years. Three members shall be appointed annually. Of the nine members of the Council first elected, three shall serve for one year and three for two years, to be decided by lot, or as the Association may determine.

SEC. 3. The Council shall elect its own Chairman and Secretary. Five members shall constitute a quorum.

ART. IX.—MEDICAL TOPICS AND PRIZE ESSAYS.

SECTION 1. The Association shall select, by report of committee, a list of special subjects from the various branches of medicine and surgery, State medicine, public hygiene, registration and mortuary laws, to be assigned to special committees. The President shall assign the subjects and appoint the chairman of the respective committees, and the said chairman may designate any auxiliaries on his committee from the members of the Association, who shall prepare and forward to him a report on the subject assigned, and from such communications each chairman shall make a condensed report to the Association, at its next annual meeting, and deliver the same to Committee on Contributions.

SEC. 2. There shall be a Standing Committee on Prize Essays, consisting of four members, who shall be appointed annually by the President of the Association. This Committee shall designate one of its members as chairman, to whom all competitive essays must be forwarded, at least four months in advance of the meeting of the Association. The committee may, if it be thought desirable, select and publicly announce a subject for competitive investigation and report. A prize of one hundred and fifty dollars shall be annually rewarded to the essay or report, which, in the judgment of the majority of the committee, may be thought worthy of the prize, and which, to entitle it to the award, must be founded on experimental or chemical observations, and present ample evidence of being an original and substantial contribution to medical knowledge. None but members of the Association, in good standing, will be per-

mitted to compete for the prize, which must be awarded by the committee only at a regular meeting of the Association. The essays shall be the property of the Association, and such as may be deemed worthy of publication shall be referred to the Committee on Contributions. Each essay must be accompanied by a motto, and by a sealed letter containing the motto, with the author's name subscribed. These sealed letters must remain unopened until the decision of the committee has been reached in regard to awarding the prize. When the committee selects and announces a subject for competitive essays, at least one session of the Association must intervene between the announcement of the subject and awarding the prize, so that competitors may have not less than twelve months for the preparation of their essays or reports. Prize essays shall be published in the Transactions without being referred to the Committee on Contributions.

ART. X—CODE OF ETHICS.

The Association adopts as a part of its regulations binding upon all its members, the Code of Ethics adopted by the American Medical Association.

ART. XI—ORDER OF BUSINESS.

1. Calling the roll.
2. Registering new members and receiving delegates.
3. President's Address.
4. Reports of Standing Committees.
5. Report of Recording Secretary.
6. Report of Corresponding Secretary.
7. Report of Treasurer.
8. Report of Judicial Council.
9. Reports of Special Committees on Medical Topics.
10. New business.
11. Election of officers and delegates and selection of next place of meeting.
12. Unfinished and miscellaneous business.
13. Reading minutes.
14. Adjournment.

ART. XII—AMENDMENTS.

These By-Laws may be altered, amended or suspended at any time by the requisite vote; provided, that no amendment shall be adopted at the same meeting at which it is proposed, except such as apply to articles or sections blank.

THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

The Sixty-second Session of the Jefferson Medical College will begin on Friday, October 1, 1886, and will continue until the end of March, 1887. Preliminary Lectures will be held from Monday, 20th of September.

PROFESSORS.

J. M. DA COSTA, M. D., LL. D., Practice of Medicine.

ROBERTS BARTHOLOW, M. D., LL. D., Materia Medica, General Therapeutics and Hygiene.

HENRY C. CHAPMAN, M. D., Institutes of Medicine and Medical Jurisprudence.

SAMUEL W. GROSS, M. D., Principles of Surgery and Clinical Surgery.

JOHN H. BRINTON, M. D., Practice of Surgery and Clinical Surgery.

THEOPHILUS PARVIN, M. D., LL. D., Obstetrics and Diseases of Women and Children.

J. W. HOLLAND, M. D., Medical Chemistry and Toxicology.

W. S. FORBES, M. D., General, Descriptive and Surgical Anatomy.

WILLIAM THOMSON, M. D., Professor of Ophthalmology.

MORRIS LONGSTREET, M. D., Lecturer on Pathological Anatomy.

The regular course of lectures by the Faculty embraces the whole medical curriculum. This course is supplemented by the lectures on special topics, and demonstrations of the Spring and Fall terms respectively.

The Faculty invite the attention of the medical profession and students to their thorough system of practical Laboratory work. To each department of the regular curriculum there is appended a Laboratory Course carried on in large and thoroughly equipped apartments in the College, by specially appointed Demonstrators, under the immediate direction of the Professor. In this way, each candidate for the degree of M. D. is immediately and personally taught in Obstetrics and Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Medical Chemistry, Pharmacy, Materia Medica and Experimental Therapeutics, Physiology, Histology and Experimental Physiology, and Minor Surgery, Bandaging, Operations on the Cadaver, etc., and in the Department of Medicine, "clinical conferences," and practical lessons in Physical Diagnosis. There are, we believe, no corresponding practical courses in any other Medical College in this country—not at least to the same extent and with the same variety, and constituting a part of the regular curriculum.

This course of instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who have had such instruction, and those who are graduates of other colleges of ten years' standing

THE SPRING COURSE of Lectures begins early in April, and ends in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars. *thirty-five of which, however, are credited on the amount of fees paid for the ensuing Winter Course.*

Desirable opportunities are afforded graduates in Medicine for pursuing special courses, and for instruction in the recognized Specialties.

CLINICAL INSTRUCTION is given *daily* at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, and at the Pennsylvania and other Hospitals, several times a week.

FEES

Matriculation Fee (paid once)	$5 00
Ticket for all branches	140 00
Practical Anatomy	10 00
Graduation Fee	30 00
Fees for a full course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and	70 00
To Graduates of such Colleges, the matriculation fee, and	70 00
To Dental Graduates, the first course is $60, and the second is	100 00
To Graduates in Pharmacy, the general ticket is $100 for each year.	
THERE ARE NO EXTRA FEES.	

The Annual Announcement, giving full particulars, will be sent on application to

ROBERTS BARTHOLOW, M. D., Dean.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

SESSIONS OF 1886-'87.

The REGULAR SESSION begins on Wednesday, September 22, 1886, and ends about the middle of March, 1887. During this Session, in addition to the regular didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon at least two regular courses of lectures is required for graduation.

The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins about the middle of March, and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

The CARNEGIE LABORATORY is open during the collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and pathology, including the study of the various bacilli. The laboratories are under the direction of Professors JANEWAY and DENNIS, assisted by Drs. HERMANN M. BIGGS, L. J. MCNAMARA and F. GRAUER.

FACULTY.

ISAAC TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

AUSTIN FLINT, M. D., LL. D.,

Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

FORDYCE BARKER, M. D., LL. D.,
Professor of Clinical Midwifery and Diseases of Women.

BENJAMIN W. McCREADY, M. D.,
Emeritus Professor of Materia Medica and Therapeutics.

EDWARD G. JANEWAY, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.

FREDERIC S. DENNIS, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery.

LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

A. A. SMITH, M. D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.

JOSEPH D. BRYANT, M. D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery.

R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D., Professor of Ophthalmology and Otology.

EDWARD L. KEYES, M. D., Professor of Genito-Urinary Surgery, Syphilology, and Dermatology.

JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.

J. LEWIS SMITH, M. D., Clinical Professor of Diseases of Children.

BEVERLY ROBINSON, M. D., Clinical Professor of Medicine.

FRANCKE H. BOSWORTH, M. D., Professor of Diseases of the Throat.

CHARLES A. DOREMUS, M. D., Ph. D., Professor Adjunct to the Chair of Chemistry and Toxicology.

LEROY M. YALE, M. D., Lecturer Adjunct on Diseases of Children.

CHARLES STEDMAN BULL, M. D., Lecturer Adjunct on Ophthalmology and Otology.

HERMANN M. BIGGS, M. D. Demonstrator of Anatomy.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures, Clinical and Didactic	$140 00
Fees for Students who have attended two full courses at other Medical Colleges, and for Graduates of other Medical Colleges	70 00
Matriculation Fee	5 00
Dissection Fee (including material for dissection)	10 00
Fee for the regular course of instruction at the Carnegie Laboratory	10 00
Graduation Fee	30 00

No Fees for Lectures are required of third-course students who have attended their second course at the Bellevue Hospital Medical College.

FEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following Winter Session)	$ 5 00
Recitations, Clinics, and Lectures	40 00
Dissection (Ticket valid for the following Winter Session)	10 00

For the Annual Circular and Catalogue, giving requirements for graduation and other information, address Prof. AUSTIN FLINT, Secretary, Bellevue Hospital Medical College.

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